

Case Management Tips and Tools

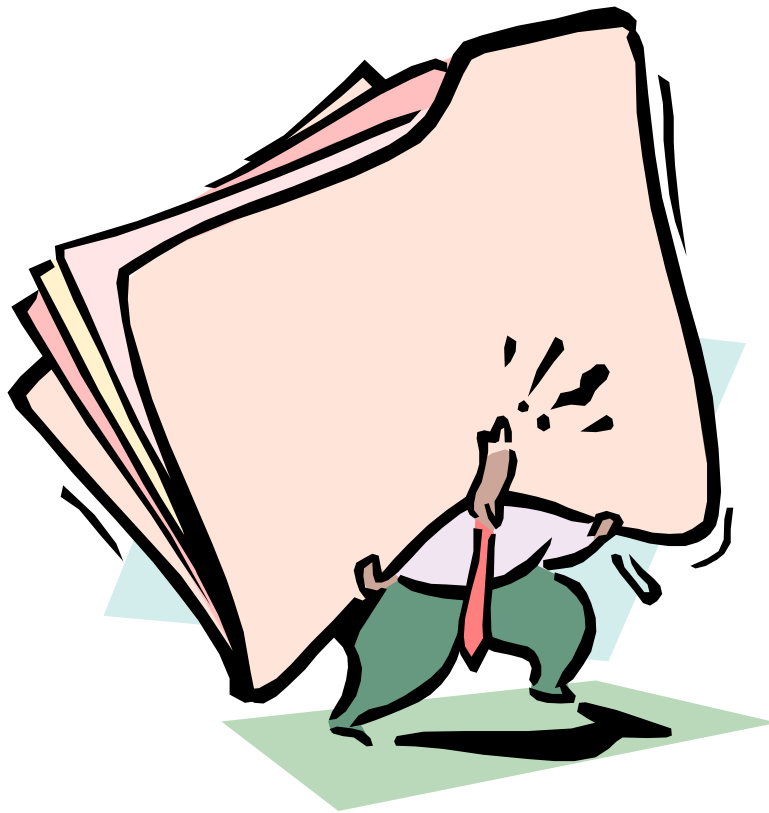











TABLE OF CONTENTS

Eligibility Basic Principles	3
Tips for New Eligibility Workers	4
Case Management Tips	5
Initial IV-E Eligibility Requirements	6
Ongoing IV-E Eligibility Requirements	7
Daily Task List	8
Tracking Tools	9
Initial Eligibility Determination Checklist	10
Eligibility Worker Quick Reference	11
IV-E Eligibility vs. Reimbursability Quick Reference	12
Review Checklist	13
Custody Transfers	14
Case Transfer Checklist	15
Case Closure Checklist	16
DWS Intranet	17
SAFE Case Lists	31
Using the SAFE Case List to Find New Cases	33
SAFE User Action Items	37
How to get Court Orders	39
What if Court Orders are Missing the Required Language	40
Initial Custody Tracking	41
Tracking from Custody Start Date to Determination	42
Initiate Getting the Information	44
Are You Doing All You Can?	47
Caseworker Guide to the Application	48
Completing the Caseworker Review Form	61
Tips to Avoid Duplicating Clients	62
SSA Benefits	66
SSI Benefits	67
What is a Representative Payee?	69
Social Security Administration Offices	70
What is CHIP?	71
Time Table for Eligibility Manual Changes	72
Eligibility File Setup	77
File Organizational Tips	78
SAFE Eligibility Cheat Sheet	79

Eligibility Basic Principles

-  Every child who is under the care and placement responsibility of the State (for DCFS open SAFE SCF case) must have Title IV-E and Medicaid eligibility determined.
-  Eligibility determination consists of three distinct determinations.
 - Title IV-E Eligibility
 - Title IV-E Reimbursability
 - Medicaid Eligibility
-  Eligibility must be determined based upon the best available information from as many sources as possible. Documentation must be sufficient to support the conclusion that the determination is reasonable.
-  It is critical to maintain accurate and current information in each case record (electronic and hard copy) and that the process and results are clearly documented. The electronic systems of record must reflect the information maintained in the hard copy records.
-  Eligibility decisions must be completed within 30 days of receipt of application and supporting documentation.
-  Ongoing maintenance of each case is essential. Eligibility workers must be diligent about ensuring ongoing accuracy of the cases and perform ongoing maintenance activities according to required timeframes (such as annual reviews, when changes are made, pursuing and tracking court order language, etc.).
-  The eligibility worker must notify casework teams of their requirements to provide applications, complete reviews, provide court orders and other documentation, and to notify eligibility workers of changes affecting eligibility.
-  Eligibility workers or supervisors carrying eligibility caseloads are obligated to attend all eligibility training sessions, comply with agency direction in conducting eligibility work, develop competence in performing eligibility functions and to apply current requirements.
-  Administration is responsible to provide support, resources, training and technical assistance to support effective and accurate eligibility work.

Tips for New Eligibility Workers

- ✿ Take it one step at a time!
- ✿ Don't stress! It will all make sense one day!
- ✿ Be persistent!
- ✿ Establish a pattern!
- ✿ Handle one piece of paper at a time!
- ✿ Breathe!
- ✿ Ask for help!
- ✿ Read and re-read your manual! Then use it!
- ✿ Come to training! It's good!
- ✿ Ask a lot of questions!
- ✿ Really read the court orders!
- ✿ Establish a good working relationship with all the workers!
- ✿ Our jobs and the status of our jobs is just as important as anyone else's.
- ✿ Don't hesitate to talk to your eligibility partners, AAG's, judges, caseworkers, supervisors, court clerks, State Office staff.
- ✿ Don't be timid or afraid to request what you need to do your job.
- ✿ Always sign and date your determinations.
- ✿ It helps to read the CPS activity logs before you make a determination.
- ✿ Be organized!
- ✿ Don't generalize. Every case is different!
- ✿ Make a checklist to help you remember what you need to do.
- ✿ Remember the details!
- ✿ Prioritize!
- ✿ Remember to go to the bathroom. Take a break. Walk away.
- ✿ Be flexible!
- ✿ Don't make things harder than they are! Take one task at a time.
- ✿ Color code. Have your highlighters handy.
- ✿ Call your mentor or the State Office staff.
- ✿ Date stamp!
- ✿ Include relevant court orders in the eligibility file.
- ✿ Print everything to back up your determination.
- ✿ One of your greatest assets will be a good relationship with your eligibility partners throughout the State.
- ✿ Compliment others! You catch more flies with sugar than with vinegar.
- ✿ Don't be afraid to discuss the issues that concern you.



Case Management Tips

- Keep an organized file.
- Work 1 case at a time.
- Narrate in SAFE and on CAAL any action taken.
- Work SAFE notifications and PACMIS alerts daily.
- Use notifications and alerts to organize workload.
- Highlight important information.
- Be mindful of PACMIS dates.
- Make labels for files.
- Act on changes as soon as possible.
- Use flags for file information.
- Keep an active case list.

- If you get behind, ask for help.
- Keep a list of monthly review.
- Have an In-box.
- Create a routine and stick to it whenever possible.
- Organize your office.
- Review your upcoming week every Monday.
- Open the mail daily.

Initial IV-E Eligibility Requirements

Initial IV-E Requirements	Eligibility Placement Criteria	Initial Reimbursability Requirements
Age Citizenship Identify the AFDC group Deprivation AFDC group income AFDC group assets Custody <ul style="list-style-type: none">❖ Court Ordered Removal❖ Care and Placement Court Order Requirements <ul style="list-style-type: none">❖ Best Interest Language in the initial court order❖ Reasonable Efforts language within 60 days of removal Voluntary Placement Agreement <ul style="list-style-type: none">❖ Court order with best interest language by the 181st day Removal <ul style="list-style-type: none">❖ Constructive❖ Physical Lived with Caretaker Relative losing custody within 6 months	Qualified Placement Licensed Placement Court Ordered Placement Pending Foster Home License Conditional Foster Home License Lapsed Foster Home Licenses Placement with Kin (being licensed) Criminal Background Screening for placements licensed on or after April 1, 2007.	SSI Recipient Kin placement pending full licensure Runaway

Ongoing IV-E Eligibility Requirements

Ongoing IV-E Requirements

**Custody
Court Order**

- ✗ **Best interest language within 180 days
for Voluntary Placement Agreements or Upfront
Relinquishment (no lapses in 45 day agreements)**
- ✗ **Reasonable Efforts to Finalize Permanency wording**

Age

Deprivation

Child's Income

Child's Assets

Qualified Placement

Licensed Placement

Trial Home Placement

Court Ordered Placement

Pending Foster Home License

Conditional Foster Home License

Lapsed Foster Home License

Placement with Kin (being licensed)

Ongoing Reimbursability Requirements

SSI Recipient

Kin placement pending full licensure

Runaway

D a i l y T a s k L i s t

- ☀ Shelter lists or 24 hr meeting notices for new removals
- ☀ Issue MI706's or 695 P's as needed
- ☀ Open mail
- ☀ Date stamp reviews and applications received with today's date
- ☀ Open and respond to e-mail as necessary
- ☀ Open SAFE. Review SAFE notifications. Work them!
 - ✦ Placement changes
 - Change address in PACMIS. Mail new Medicaid card as needed
 - Review licensing status of new placement. Make IV-E changes in SAFE as needed.
 - ✦ New primary worker
 - Change mailing address in PACMIS
 - ✦ Child turning 18
 - Start process for 18 yr old transitioning from custody
 - ✦ New case
 - Review case and accept
 - ✦ Case closure
 - Close FC IV-E eligibility and reimbursability. Eligibility will auto close with SCF case closure. Review eligibility and reimbursability for prior months and make adjustments as needed.
 - Close FC or SA case in PACMIS
- ☀ Log into PACMIS. Review EWAL alerts. Work them!
 - ✦ See PACMIS Quick Reference for alert types and necessary action
- ☀ Complete new Foster Care IV-E/Medicaid determinations
- ☀ Complete Foster Care IV-E/Medicaid reviews
- ☀ Complete Subsidized Adoption IV-E Eligibility determinations
- ☀ Complete Subsidized Adoption Medicaid reviews

By doing just a little every day, I can gradually let the task completely overwhelm me.

-Ashleigh Brilliant

Tracking Tools

GroupWise

- ✗ E-mail
 - ◆ Initial Determination
 - ◆ Pending Lists
 - ◆ Court Orders
 - ◆ Eligibility status changes
 - ◆ 18 yr old youth
- ✗ Assign tasks to yourself or others

Microsoft Word

- ✗ Case Lists
- ✗ Permanency Order Lists
- ✗ Review Lists
- ✗ Task Lists
- ✗ MI-706 & 695 P Issuance

Excel

- ✗ Case Lists
- ✗ Permanency Order Lists
- ✗ Review Lists
- ✗ MI-706 & 695 P Issuance

Yoda

- ✗ Active Monthly PACMIS Case List
- ✗ Monthly Medicaid Review List

PACMIS

- ✗ Use alerts on the EWAL screen to remind you of needed case action
- ✗ New hire alerts
- ✗ SSA/SSI income alerts

SAFE

- ✗ Notifications
 - ◆ Placement change
 - ◆ Primary worker change
 - ◆ Age 18
 - ◆ SCF case closure
 - ◆ Permanency hearing
- ✗ Use SAFE action items for case reminders
 - ◆ Out of State IV-E reviews (no Utah Medicaid)
 - ◆ Permanency order due date

Initial Eligibility Determination Checklist

Documentation

- ☐ 61 FC complete and signed
- ☐ Petition
- ☐ Warrant/Court Order/Voluntary Relinquishment
 - ☐ Custody
 - ☐ Best Interest Language
 - ☐ Reasonable Efforts Language
 - ☐ Judge's Signature
- ☐ Voluntary Placement Agreement
- ☐ Birth and Citizenship Verification
- ☐ Social Security Number
- ☐ Parent Income/Asset Information

Determination

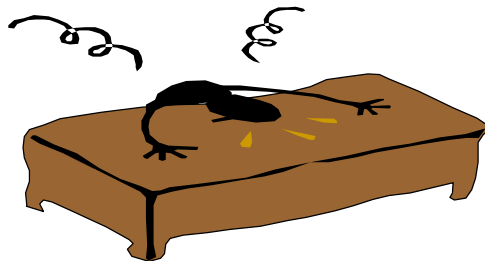
- ☐ Application date stamped
- ☐ Removal home information verified
- ☐ IV-E/Medicaid Determination Form complete
- ☐ Income Asset Computation Form complete
- ☐ SAFE/CARE eligibility entry (including notes and worker assignment) complete
- ☐ PACMIS eligibility entry (including CAAL and case rolled to issuance MO)
- ☐ Print CAP2, SAFE and/or CAAL Log for case file

Notification

- ☐ Notification to all parties of determination result and eligibility begin date
- ☐ Notification to BES/DWS worker of children's foster care status

Case File

- ☐ Case File created, labeled and filed



Eligibility Worker Quick Reference

I. Initial IV-E Eligibility Determination Information

AFDC Relatedness-Income Need Standards

AFDC Group Size	Income Test 185% Need Standard	Income Test 100% Need Standard
1	608	329
2	843	456
3	1050	568
4	1230	665
5	1400	757
6	1542	834

For larger AFDC group size, see Eligibility Manual Section 2-12, Page 12

II. Medicaid Eligibility Determination Information

Medicaid Children's Programs. Asset and Income Limits for HH Sizes of 1 or 2

Program Type	Asset Limits		Income Limits	
	HH of 1	HH of 2	HH of 1	HH of 2
Medicaid Basic Maintenance Program: Child Only FC-C	\$2000	\$3000	\$382	\$468
Poverty Level Program: Newborn (Age 0-5) & PreNatal	None	None	\$1141	\$1132
Poverty Level Program: Newborn+ (6-19) &	\$2000	\$3000	\$851	\$1518

Medicaid Policy is available online at

<http://utahcares.utah.gov/infosourcemedicaid/>

Medicaid Income Table VII is available on the above link under "Tables"

III. IV-E Review Information

Foster Care Need Standard and IV-E Asset Standard for IV-E Eligibility Review

185% Foster Care Need Standard <i>(for eligibility review of child's income)</i>	IV-E Asset Standard <i>(for eligibility review of child's assets)</i>
\$1489 per month	\$10,000

IV-E Eligibility vs. Reimbursability Quick Reference

INITIAL ELIGIBILITY DETERMINATION	CONTINUING ELIGIBILITY DETERMINATION
<i>Initial IV-E Eligibility Factors</i>	<i>Continuing Eligibility Factors</i>
<ul style="list-style-type: none"> ❖ Custody <ul style="list-style-type: none"> • Court ordered custody, or • Voluntary Placement Agreement, or • Up front relinquishment ❖ Removal <ul style="list-style-type: none"> • Physical or constructive ❖ Court Order Requirements <ul style="list-style-type: none"> • Contrary to the welfare/best interest language in very first order • Reasonable efforts to prevent removal language within 60 days ❖ AFDC Requirements <ul style="list-style-type: none"> • Age • Citizenship/qualified alien • Income of AFDC group • Assets of AFDC group • Deprivation in removal home • Lived with caretaker relative losing custody w/in 6 mo of elig month 	<ul style="list-style-type: none"> ❖ Custody <ul style="list-style-type: none"> • Court ordered custody, or • Voluntary Placement Agreement & court order with best interest language by 181st day, or • Up front relinquishment & court order with best interest language within 6 months ❖ Court Order Requirements <ul style="list-style-type: none"> • Reasonable efforts to finalize permanency plan/12 months ❖ AFDC Requirements <ul style="list-style-type: none"> • Age • Citizenship/qualified alien • Income of child • Assets of child • Deprivation in removal home ❖ Qualified Placement <ul style="list-style-type: none"> • Licensed foster family home (non-kin) • Licensed group home/residential facility (public facility, max 25 beds) • Kin foster home, pending licensure • Criminal Background Screening (if applicable) • Out of State child abuse checks (if applicable) ❖ Care and Placement Responsibility <ul style="list-style-type: none"> • No court ordered placement • Runaway child eligible if custody retained and other factors met • Trial home placement not eligible but can regain for up to 6 months (unless court ordered longer)
<i>Initial IV-E Eligibility Placement Requirements</i>	
<ul style="list-style-type: none"> ❖ Qualified Placement <ul style="list-style-type: none"> • Licensed foster family home (non-kin) • Licensed group home/residential facility (public facility, max 25 beds) • Kin foster home, pending licensure • No denial for runaway • Criminal Background Screening (if applicable) • Out of State Child Abuse checks (if applicable) ❖ Care and Placement Responsibility <ul style="list-style-type: none"> • No court ordered placement 	
<i>Factors to make child who is IV-E eligible and who meets placement requirements NOT IV-E Reimbursable</i>	<i>Factors to make child who is IV-E eligible and who meets placement requirements NOT IV-E Reimbursable</i>
<ul style="list-style-type: none"> ❖ SSI recipient ❖ Placement with kin, pending licensure as foster family home ❖ Runaway foster child 	<ul style="list-style-type: none"> ❖ SSI recipient ❖ Placement with kin, pending licensure as foster family home ❖ Runaway foster child

Eligibility Review Checklist

Documentation

- ☐ 61 FC, Foster Care Review/Recertification Form received and date stamped
- ☐ Court Orders
 - ☐ Reasonable Efforts to Finalize Permanency Language within 12 months
 - ☐ Court Order with BI/CW language by 181st day
(*NA unless voluntary placement*)
 - ☐ Court Order with BI/CW language within 6 months of entry into care
(*voluntary relinquishment only*)

Determination

- ☐ Eligibility Review form complete and signed

IV-E Cases

- ☐ Continued State custody
- ☐ Continued Deprivation
- ☐ Placement Licensure
- ☐ Child's Income
- ☐ Child's Assets

Non IV-E Cases

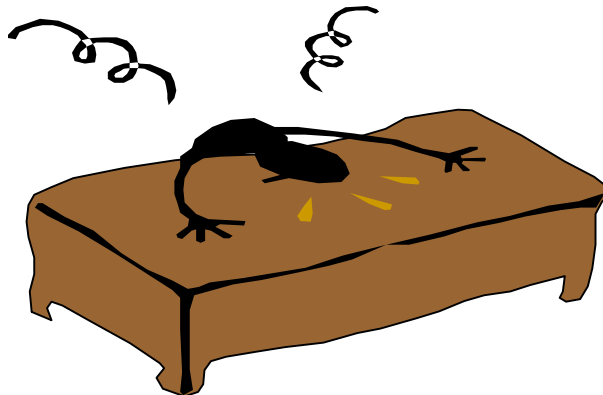
- ☐ Continued State custody
- ☐ Child's Income
- ☐ Child's Assets
- ☐ Foster Care Maintenance Payment

All Cases

- ☐ SAFE/CARE Eligibility Entry complete, including notes
- ☐ PACMIS Entry complete including CAAL
- ☐ Print CAP2, SAFE and/or CAAL log for Case File
- ☐ Add Review Information to Case File
- ☐ Update Case Lists as needed

Notification

- ☐ Notify necessary parties of any IV-E/Medicaid eligibility changes
-



Custody Transfers



DCFS ↔ DJJS

- State custody often transfers within state agencies. DCFS, DJJS and DHS are all possible custodial agencies.
- Case management responsibility is determined by the custodial agency and in DHS custody cases, the agreement between the respective agencies.
- The court may transfer custody between agencies. For eligibility purposes this is a continuous custody episode.
- Eligibility case management is with the agency assigned case management responsibility.
- The agency where custody originates keeps the original eligibility documentation.
- A complete copy of the eligibility record must be sent to the new eligibility worker.
- The original eligibility record will be maintained in the agency where custody originated.
- Complete an eligibility review prior to case transfer. Make necessary adjustments to the eligibility record for prior months as needed. Document this review in SAFE, CARE and PACMIS as needed.
- Payment history review and necessary corrections should be completed prior to case transfer.
- A foster child does not lose FC Medicaid eligibility because the custodial agency changes. The Medicaid case should not be closed unless the child is not eligible for another reason.
- Complete electronic case transfer (carc) to the new eligibility worker in PACMIS.

Case Transfer Checklist

Documentation

- ☐ Notification of custody transfer to another state agency
 - ☐ SCF SAFE closure
 - ☐ Court order transferring custody
 - ☐ Other agencies' notification
 - ☐ Caseworker notification

Determination

- ☐ Review Form complete and signed

IV-E Cases

- ☐ Continued Deprivation
- ☐ Placement Licensure verified
- ☐ Child's Income
- ☐ Child's Assets

Non IV-E Cases

- ☐ Child's Income
- ☐ Child's Assets
- ☐ Foster Care Maintenance Payment

All Cases

- ☐ Payment History reviewed for discrepancies
- ☐ SAFE/CARE Eligibility Entry updated as needed, including notes
- ☐ PACMIS Entry complete? *(It is not necessary to close the FC Medicaid case when transferring to another agency).*
- ☐ CARC PACMIS Case
- ☐ Print CAP2, SAFE and or CAAL Log for Case File
- ☐ File Documentation in Case File
- ☐ Update Case Lists as necessary

Eligibility File

Transfers to another State Agency

- ☐ Copy the complete eligibility record and forward the copy of the record to the new eligibility worker
- ☐ DCFS only-Eligibility File to the Family Case File

Interagency transfers

- ☐ Send the original eligibility record to the new eligibility worker



Case Closure Checklist

Documentation

- ☐ Notification of custody termination
 - ☐ SCF SAFE Closure Notice
 - ☐ Court Order terminating custody
 - ☐ Caseworker Notification

Determination

- ☐ Review/case closure form complete and signed

IV-E Cases

- ☐ Continued Deprivation
- ☐ Child's Income
- ☐ Placement Licensure verified

Non IV-E Cases

- ☐ Child's Income
- ☐ Child's Assets
- ☐ Foster Care Maintenance Payment

All Cases

- ☐ Payment History reviewed for discrepancies
- ☐ SAFE/CARE Eligibility Entry complete, including notes
- ☐ PACMIS Entry for Medicaid closure complete, including CAAL log
- ☐ PACMIS Closure Notice sent
- ☐ Print CAP2, SAFE and/or CAAL Log for case file
- ☐ File Documentation in Case File
- ☐ Update Case Lists as necessary

Case File

- ☐ DCFS only-Eligibility file to family case file
-



DWS Intranet

<https://dws.utah.gov/Login.aspx?Path=/DWSDefault.asp>

DWS Intranet Login - Microsoft Internet Explorer

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dws.utah.gov **DEPARTMENT OF WORKFORCE SERVICES** **Utah's Job Connection**

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- eRep
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DWS Intranet

Please enter your Username and Password below to login to the DWS Intranet:

Webpace Restricted Access

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Password:

Context:

Login

QUICK LINKS

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 - Resources
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- Career Mgmt Services**
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The information needed is your LAN username, password and context. Your LAN person can help with this if needed. After you have logged in once, the context information will be displayed at the next log on.

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- Policy / Procedure
- Reports
- DWS Update**
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DWS Intranet

Welcome,

What's New

- o DWS Update - November 2005 Edition! **NEW**
- o Program and Service Updates - November 2005 **NEW**

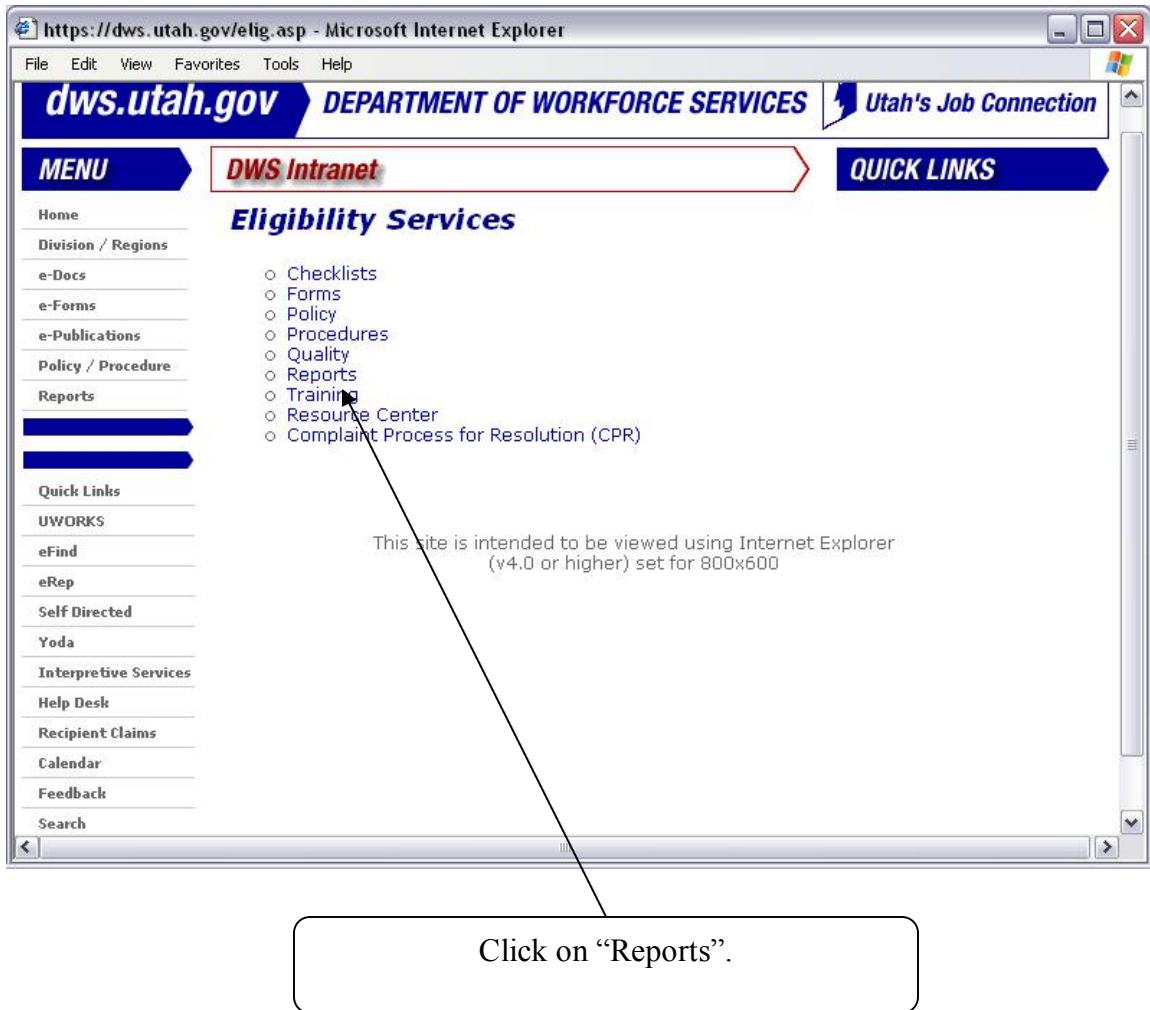
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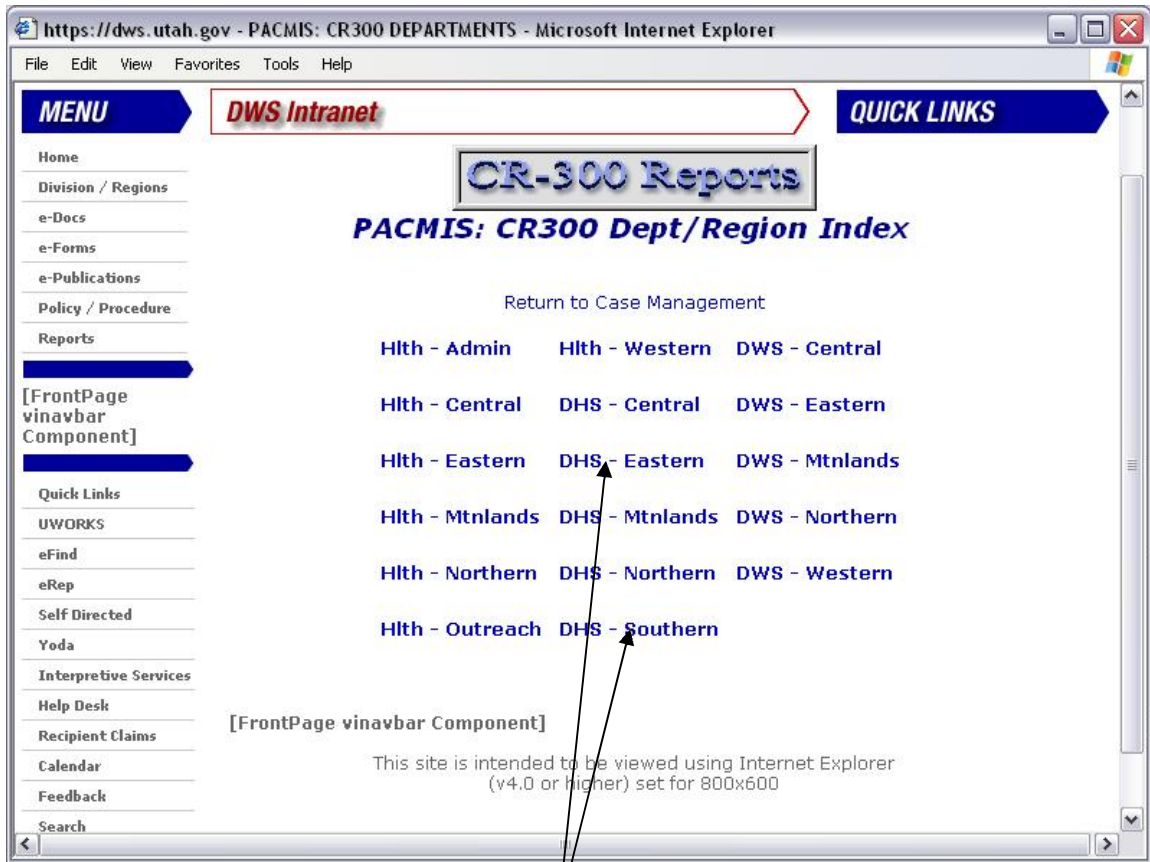
For Help, click Help Topics on the Help Menu.

Click the "Eligibility" Section for
caseload reports.





Click on "Active Case Listing-CR300".



Select your region area.

DHS Central=SLV & JJS II
DHS Eastern=Eastern
DHS Mtnlands=Western & JJS III
DHS Northern=Northern & JJS I
DHS Southern=Southwest

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eRep
Self Directed
Yoda
Interpretive Services
Help Desk
Recipient Claims
Calendar
Feedback
Search

**PACMIS: CR300 Departments
Caseworker - Index**

Dept/Region: SC

Return to CR300 Index

SCC101 BOYCE, LORI	SCM101 ZAMORA, TRACIE S	SCW101 PARK, SHELLY
SCH101 HANSEN, HEIDI	SCN102 POROBIC, ZLATKO	SCW102 JOHNSON, CAROL
SCJ101 JOHNSON, CAROL	SCN105 MORGAN, DOREEN B	SCX101 CLINE, CHRIS
SCK101 KIEFERT, WENDY	SCS106 HANSEN, ANGELA B	SCY101 CLINE, CHRIS
SCK102 POROBIC, ZLATKO	SCT101 DURFEE, MARY I	SCY102 ROBERTSON, ANNET

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After you select your region, the caseloads in that area will be displayed. Select your name and caseload to display the month's caseload information.

To access review and other caseload information, click on the "YODA" link.

Case Management Tips and Tools
12/2008

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To enter this secured area, please login by submitting the following information.

User ID: lmoon

Lan Password:

Login

Help Create a User ID

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For Help, click Help Topics on the Help Menu.

Enter your LAN user name and password.
Click "Login".

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Login Successful

Welcome to Innerweb

Enter

Modify Info Change Password

Name

EMail Address

Office Phone Number

Fax Phone Number

Cell Phone Number

Pager Phone Number

Innerweb State of Utah

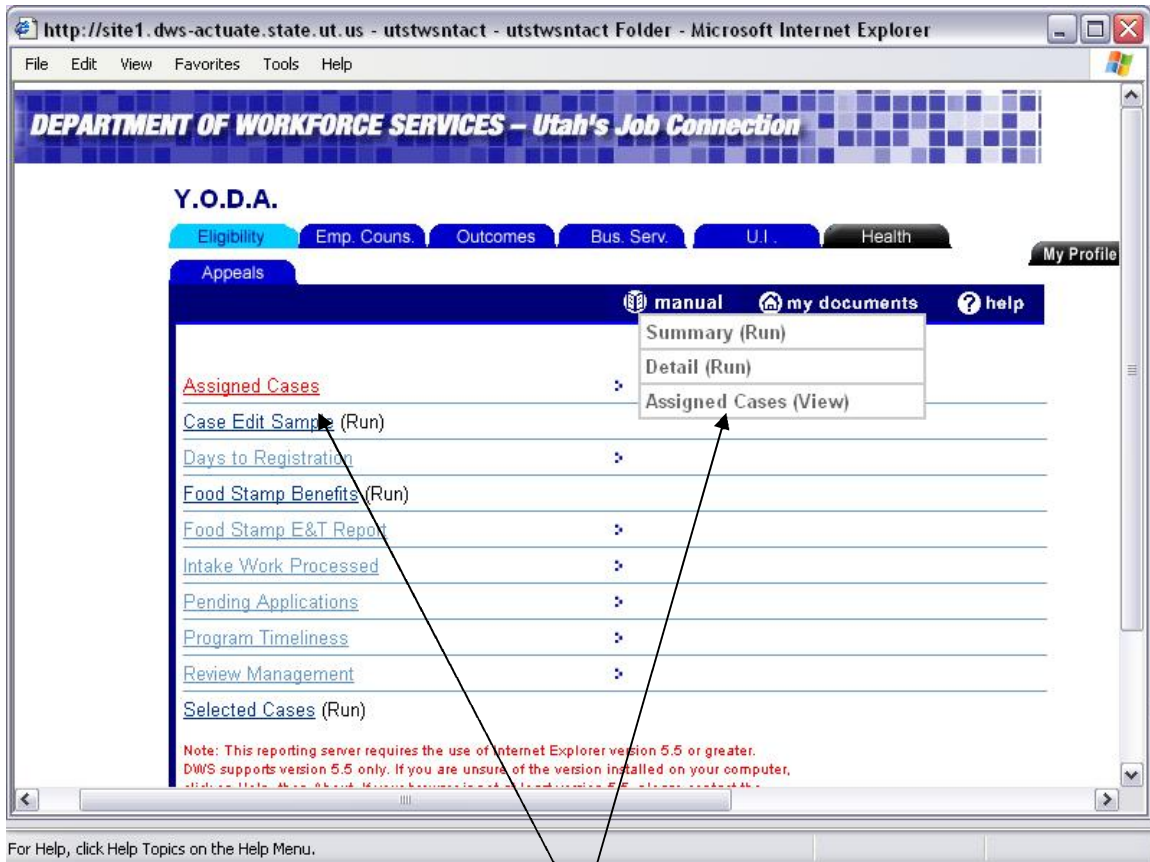
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For Help, click Help Topics on the Help Menu.

Click "Enter".

Case Management Tips and Tools

12/2008



To access your caseload click, “Assigned Cases (View)” from the “Assigned Cases” row.

http://site1.dws-actuate.state.ut.us - Assigned Cases - Microsoft Internet Explorer

File Edit View Favorites Tools Help

NavBar Home First Prev Next Last Goto Page 1 of 3900 100% Help

Assigned Cases - Department Summary

as of: December 03, 2005

[Print Preview](#)
[Download to Excel](#)

TOP ▶

Department	Assigned Cases	Record Count:
H	63720	130194
S	5792	
W	60682	

For Help, click Help Topics on the Help Menu.

Human Services caseload information
is Department "S".

Assigned Cases - Region Summary

as of: December 03, 2005

Department: S Record Count: 5792

Region	Assigned Cases
SC	2604
SE	400
SM	953
SN	1403
SS	432

Locate your caseload by clicking on your region.

From there locate your caseload information.

SC=SLV & JJS II

SE=Eastern

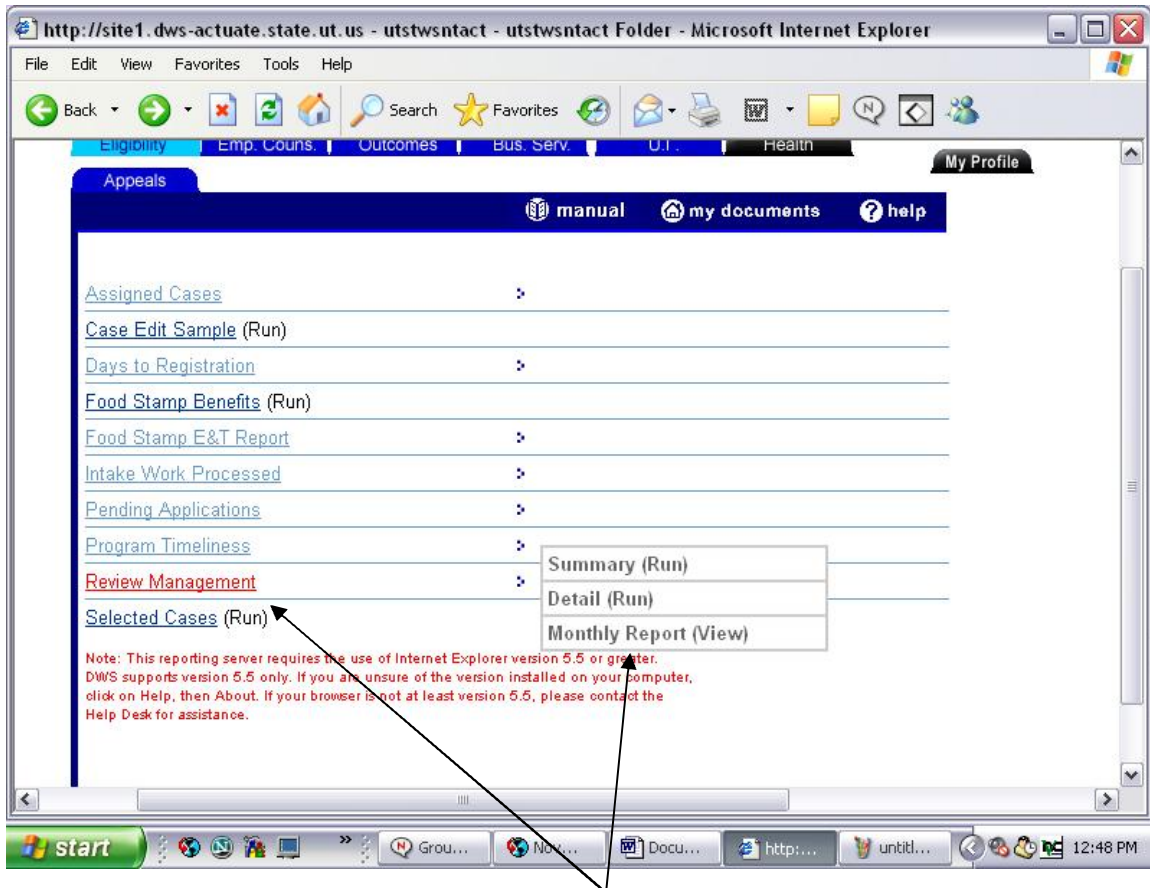
SM=Western & JJS III

SN=Northern & JJS I

SS=Southwest

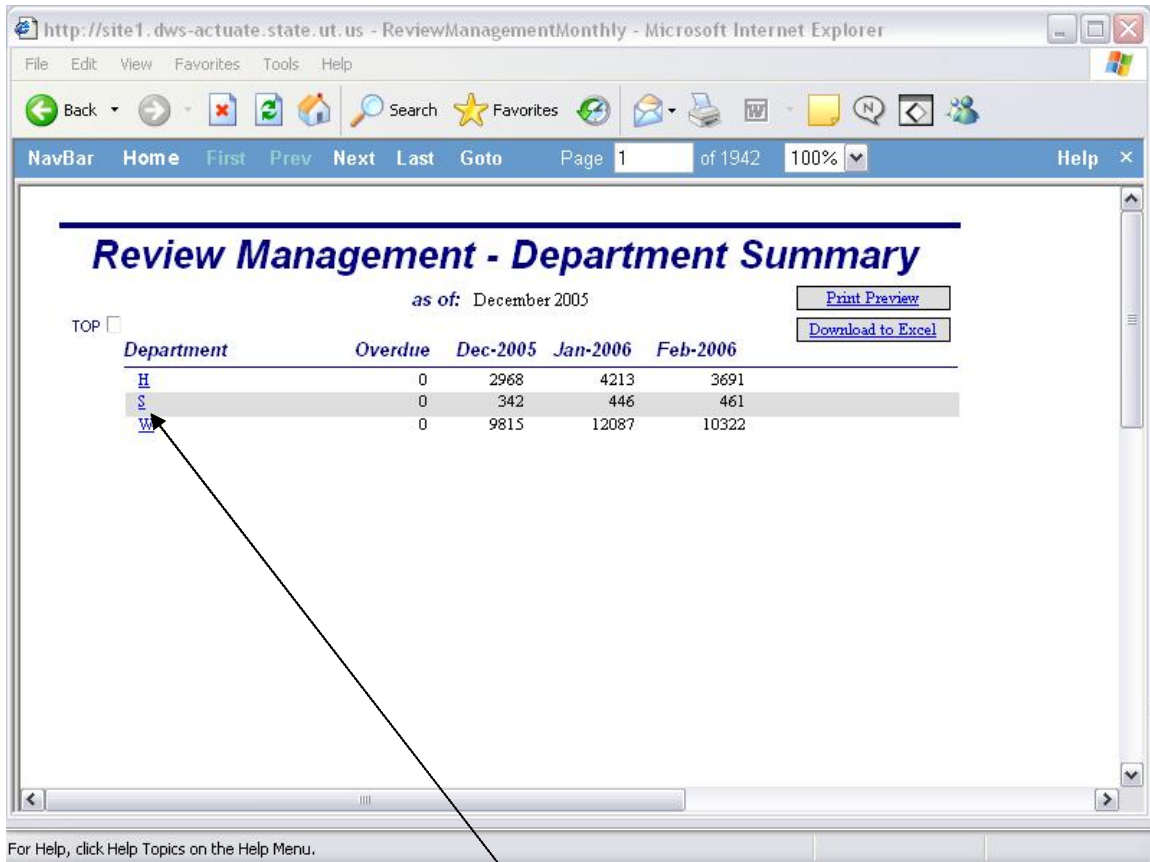
Case Management Tips and Tools

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To access the monthly review lists, click on "Monthly Report (View)" from the "Review Management" row.

Case Management Tips and Tools
12/2008



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Back Forward Stop Home Search Favorites Print Mail News RSS Help

NavBar Home First Prev Next Last Goto Page 1 of 1942 100% Help

Review Management - Department Summary

as of: December 2005

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TOP ☐

Department	Overdue	Dec-2005	Jan-2006	Feb-2006
H	0	2968	4213	3691
S	0	342	446	461
W	0	9815	12087	10322

For Help, click Help Topics on the Help Menu.

Select "S" for Department of Human Services caseloads.

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Review Management - Region Summary

as of: December 2005

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TOP ☐ S ☐

Department: S

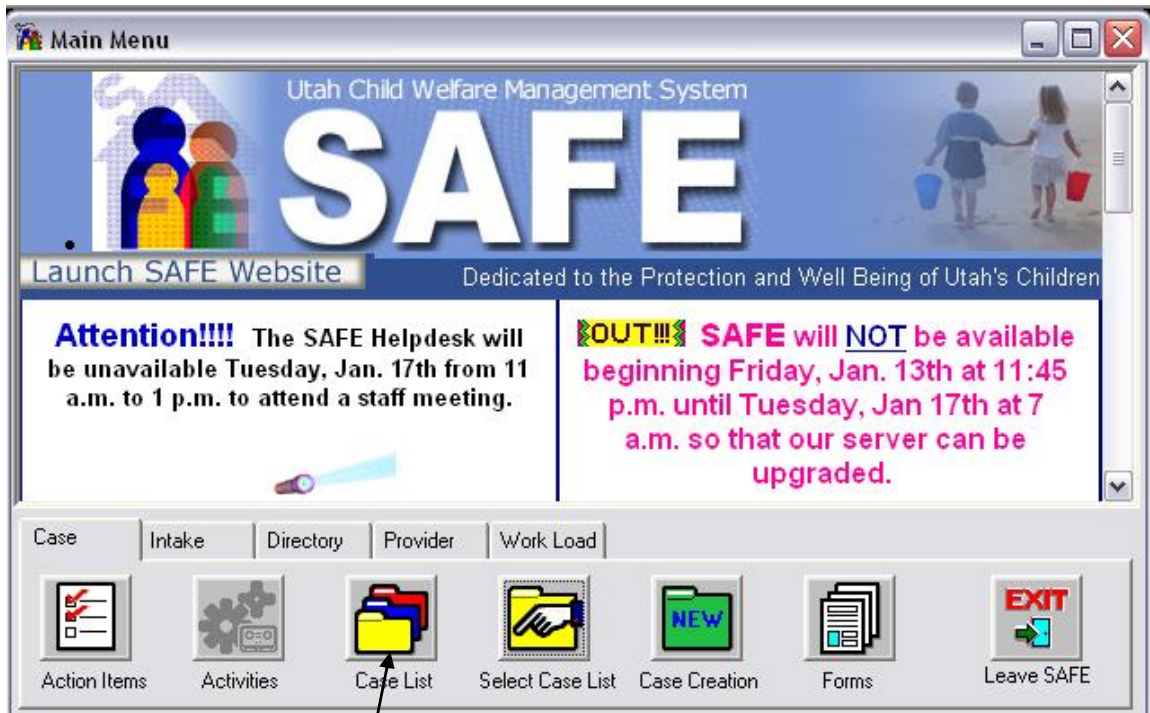
Region	Overdue	Dec-2005	Jan-2006	Feb-2006
SC	0	178	184	189
SE	0	34	40	34
SM	0	44	75	73
SN	0	64	115	118
SS	0	22	32	47

For Help, click Help Topics on the Help Menu.

Locate your reviews by clicking on your region, and from there access your caseload review information.

SC=SLV & JJS II
SE=Eastern
SM=Western & JJS III
SN=Northern & JJS I
SS=Southwest

SAFE Case Lists



Select "**Case List**" from the SAFE Main Menu to display your assigned case list.

Case List Display

Case Name	Start Date	IV-E Elig	Med Elig	Primary Worker	DOB	Role
SCF	18Aug05 00:00	FT	FC-F		20Dec2000	Foster Child
SCF	16Dec04 00:00	NO	FC-C		05Jun1997	Foster Child
SCF	25Jun03 00:00	FT	FC-F		25Jul1988	Foster Child
SCF	13Jul05 00:00	FT	FC-F		21Jul1991	Foster Child
SCF	18Aug05 00:00	FT	FC-F		22Jul1997	Foster Child
SCF	12Jan05 00:00	FT	FC-F		21Aug1996	Foster Child
SCF	25Jun03 00:00	NO	FC-C		04Jun1987	Foster Child
SCF	16Sep04 00:00	NO	FC-C		22Dec1987	Foster Child
SCF	25Sep98 00:00	FT	FC-F		10Mar1988	Foster Child
SCF	11Jul00 00:00	NO	FC-C		13Aug1991	Foster Child
SCF	02Aug05 00:00	NO	FC-C		02Jul1989	Foster Child
SCF	18Apr94 00:00	NO	DD-D		17Mar1994	Foster Child
SCF	17Aug04 00:00	FE	FC-C		04Jan1991	Foster Child
SCF	05Apr05 00:00	FT	FC-F		03Oct1989	Foster Child
SCF	22Oct04 00:00	NO	FC-C		05May1986	Foster Child
SCF	24Jan05 00:00	NO	FC-C		26Jan1988	Foster Child

Total Cases: 816

Information from Case List

Case Name

Case Type

Start Date

Primary Worker

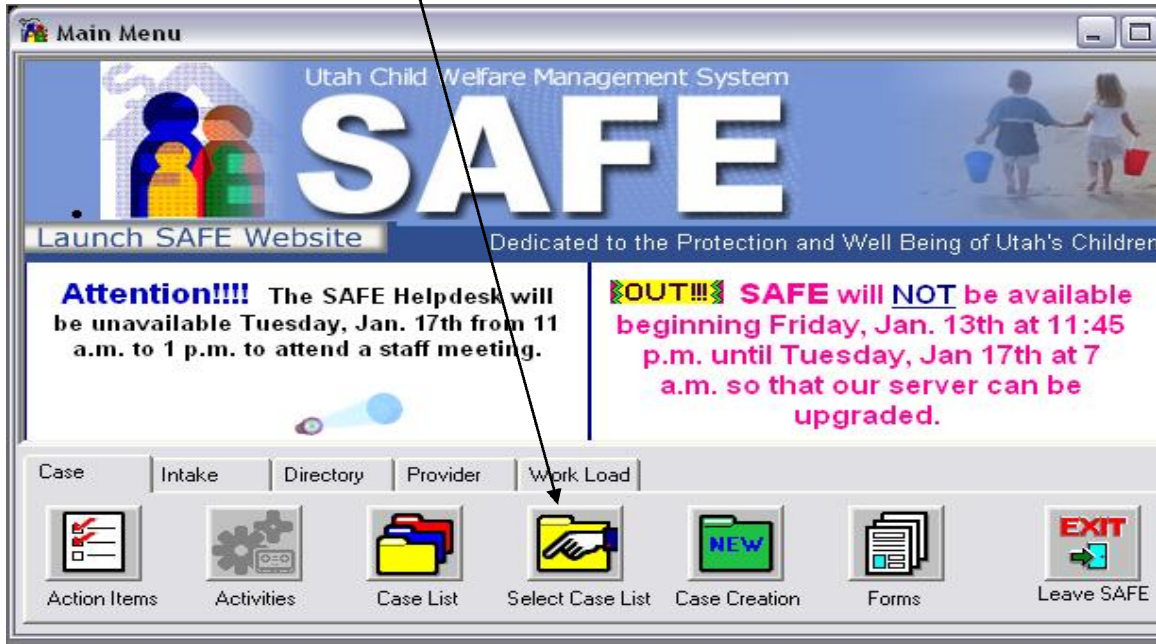
Eligibility

Total Cases Assigned

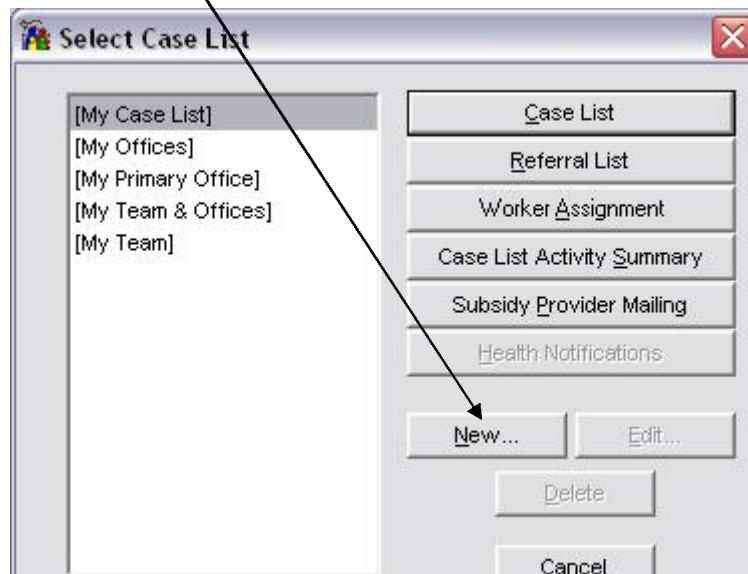
More columns and information available by using the scroll bar at the bottom of the screen.

Using the SAFE Case List to Find New Cases

From the Main Menu - '**SELECT CASE LIST**.'



From the '**SELECT CASE LIST**' menu/box, make sure the '**MY CASE LIST**' is highlighted in blue, then click on the "**NEW**" button.



Case Type
Select **"Equals"** from the drop down menu
Select **"SCF"** from the row browser.

Select **"End Date"**.
Select **"Null"**.
Leave **"Blank"**.

The screenshot shows the 'Define Case List' dialog box. It has a table with three columns: 'Search Item', 'Search Type', and 'Search Value'. The first row is 'Case Type' with 'Equals' in the 'Search Type' column and 'Supervision in Sub. Care' in the 'Search Value' column. The second row is 'End Date' with 'Null' in the 'Search Type' column and an empty 'Search Value' field. The third row is 'Supervisor' with 'Equals' in the 'Search Type' column and an empty 'Search Value' field. Below the table are buttons for 'Query', 'Collector', 'Save List...', 'Save As...', and 'Help'. To the right of the table are 'Search' and 'Clear' buttons, and a 'Records Found' label. Below the dialog box is a table with columns: 'Case ID', 'Client ID', 'Client Name', 'SVC', 'Region', 'Office', 'Start', 'End', and 'Worker Name'. Arrows point from the text boxes to the 'Case Type', 'End Date', 'Supervisor' rows in the search table, the 'Search' button, and the 'Supervisor' row in the results table.

Select **"Supervisor"**.
Select **"Equals"**.
Select **"Supervisor's name"** from the row browser.

Click **"Search"**.

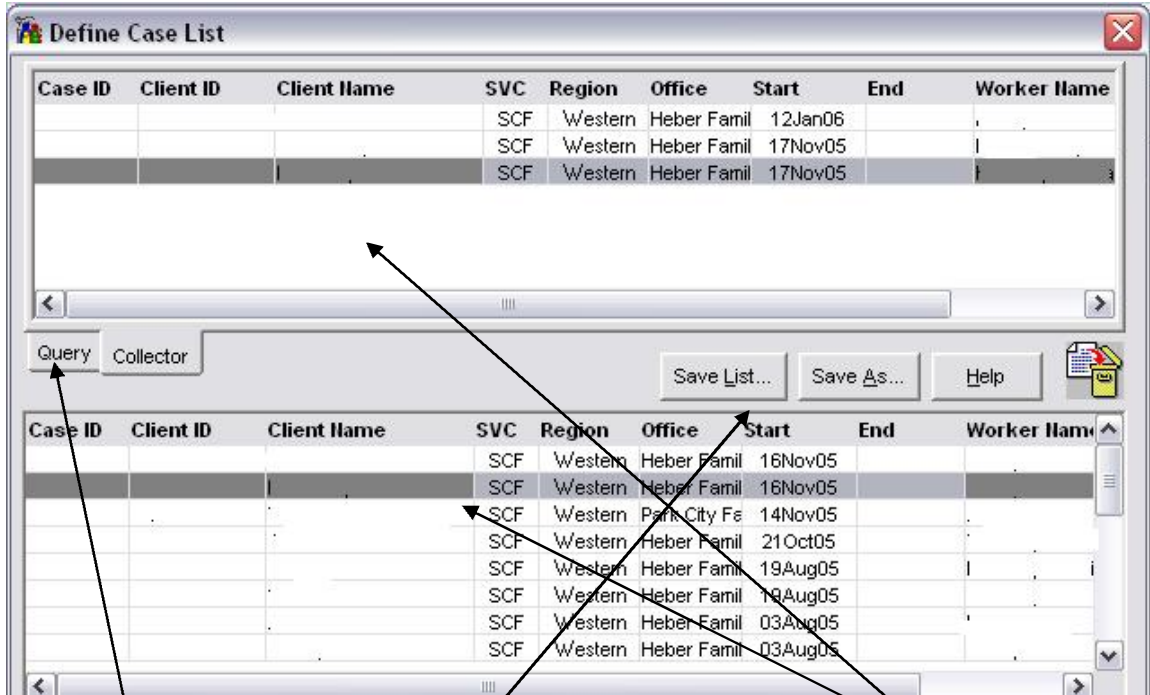
Cases assigned to the selected supervisor's team will be displayed.

“Double Click” on the **Start** column to bring the newest cases to the top.

The screenshot shows the 'Define Case List' window. At the top, there is a search section with three columns: 'Search Item', 'Search Type', and 'Search Value'. The first row has 'Case Type' as the search item, 'Equals' as the search type, and 'Supervision in Sub. Care' as the search value. The second row has 'End Date' as the search item, 'Null' as the search type, and an empty search value. The third row has 'Supervisor' as the search item, 'Equals' as the search type, and an empty search value. The fourth row is empty. To the right of the search section are 'Search' and 'Clear' buttons. Below the search section is a 'Records Found' label with the number '25'. Below the search section are 'Query' and 'Collector' tabs. Below the tabs are 'Save List...', 'Save As...', and 'Help' buttons. At the bottom is a table with the following columns: 'Case ID', 'Client ID', 'Client Name', 'SVC', 'Region', 'Office', 'Start', 'End', and 'Worker Name'. The table contains several rows of data, including cases for 'Heber Famil' and 'Park City Fe'.

Case ID	Client ID	Client Name	SVC	Region	Office	Start	End	Worker Name
			SCF	Western	Heber Famil	12Jan06		
			SCF	Western	Heber Famil	17Nov05		
			SCF	Western	Heber Famil	17Nov05		
			SCF	Western	Heber Famil	16Nov05		
			SCF	Western	Heber Famil	16Nov05		
			SCF	Western	Park City Fe	14Nov05		
			SCF	Western	Heber Famil	21Oct05		
			SCF	Western	Heber Famil	19Aug05		

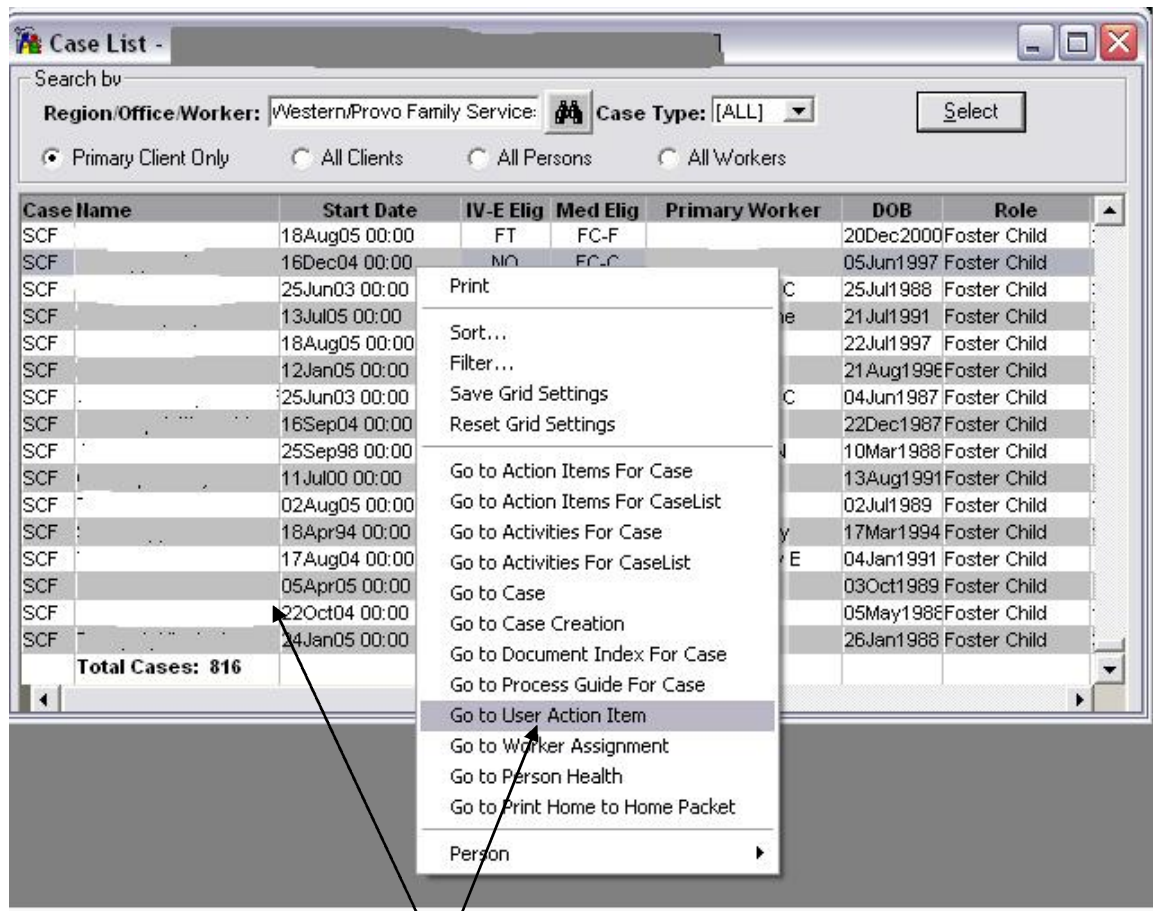
Cases may be selected and moved to the **“Collector”**.
Select the **“Collector”** tab.



Select the desired cases with the mouse button.
Multiple cases can be selected by holding the
“CTRL” button down while selecting. “Drag” the
cases to the top “Collector Box”.

You may return to the “Query” screen and search for
other team lists. Once you have the desired lists
collected in the “Collector Box” you may “Save” the
list or “Print” by clicking the right mouse button.

Using User Action Items in SAFE



Select the case with your mouse
and **“Right Click”**.
This will display a drop down box.
Select **“Go to User Action Item”**.

The screenshot shows the 'Case List' application window. At the top, there is a search bar with 'Region/Office/Worker' set to 'Western/Provo Family Service' and 'Case Type' set to '[ALL]'. Below this are radio buttons for 'Primary Client Only' (selected), 'All Clients', 'All Persons', and 'All Workers'. A table of cases is visible in the background, with columns for Case Name, Start Date, IV-E Elig, Med Elig, Primary Worker, DOB, and Role. Overlaid on this is a 'User Action Item' dialog box for 'Moon, Linda'. The dialog box contains fields for 'Creation' (13Jan06), 'Re Id' (1155766), 'Action Due' (00 00), 'Action Item' (empty), 'Completion Date' (00 00), 'Lead Days' (empty), and 'Reminder' (empty). There are 'OK' and 'Cancel' buttons at the bottom. Arrows point from the text in the callout box to the 'Action Due', 'Action Item', and 'Lead Days' fields.

Case Name	Start Date	IV-E Elig	Med Elig	Primary Worker	DOB	Role
SCF	18Aug05 00:00	FT	FC-F		20Dec2000	Foster Child
SCF	16Dec04 00:00	NO	FC-C		05Jun1997	Foster Child
SCF					25Jul1988	Foster Child
SCF					21Jul1991	Foster Child
SCF					22Jul1997	Foster Child
SCF					21Aug1996	Foster Child
SCF					04Jun1987	Foster Child
SCF					22Dec1987	Foster Child
SCF					10Mar1988	Foster Child
SCF					13Aug1991	Foster Child
SCF					02Jul1989	Foster Child
SCF					17Mar1994	Foster Child
SCF					04Jan1991	Foster Child
SCF					03Oct1989	Foster Child
SCF					05May1986	Foster Child
SCF	24Jan05 00:00	NO	FC-C		26Jan1988	Foster Child

Total Cases: 816

Enter **“Action Due”** date.

Enter **“Action Item”**.

Enter **“Lead Day”** if you want SAFE to remind you prior to the due date.

The **“Action Item”** will appear on the due date. It will be listed in the Notifications when you log into SAFE.

When the **“Action Item”** appears and you have completed the task, **“Double Click”**, enter a **“Completion Date”**, then **“Click OK”**.

If you don't enter a **“Completion Date”** and simply clear the **“Action Item”** the item will remain in the case and the caseworker will be unable to close the SCF case.

How Can I Get the Court Orders?

🌿 Warrant, petition and shelter orders should be included with the IV-E/Medicaid application, but what do I do if it is missing?

✗ Set the application aside and hope the court orders show up sometime soon.

OR

✗ Contact the caseworker, assistant caseworker, AG and/or court clerk.

🌿 What about review, permanency and TPR court orders?

✗ Set the review aside and hope the court order shows up sometime.

OR

✗ Notify caseworker, assistant caseworker or AG .

Court Orders

- ✗ *Warrant*
- ✗ *Petition*
- ✗ *Custody Order*
- ✗ *Review Order*
- ✗ *Permanency Order*
- ✗ *TPR Order*

What if the Court Orders are Missing the Required IV-E Language?

Custody

- ❖ Contact the assigned caseworker.
- ❖ Contact the AG.

Best Interest

- ❖ **Warrant.**
Warrants are often written and issued in two parts. Make sure you have the ***Warrant*** and also the ***Order Issuing the Warrant***. The ***Order Issuing the Warrant*** most often will contain the Best Interest Language.
- ❖ **Shelter Order.**
Contact the AG and request a copy of the CD from the hearing.
- ❖ **Other Initial Custody Orders.**
Contact the AG or Court Clerk and request a CD from the hearing.

No Amended Orders for Best Interest Language.

Reasonable Efforts

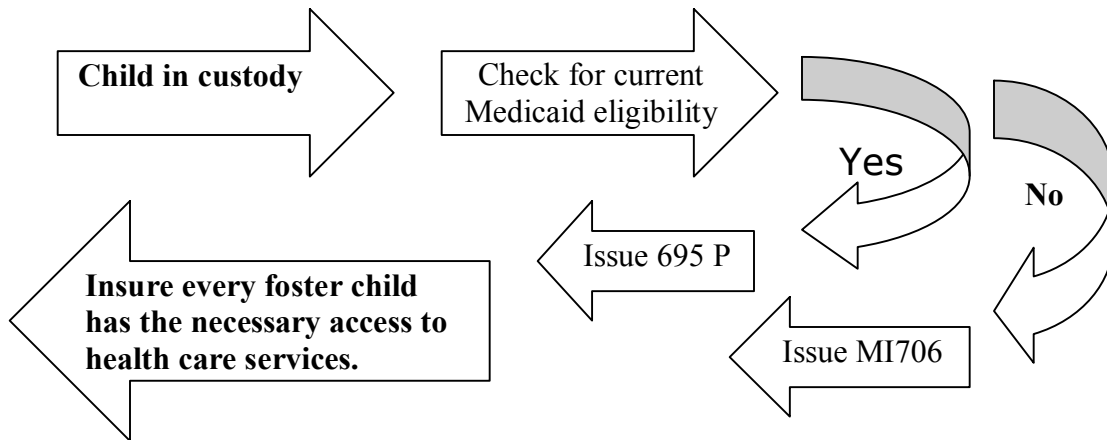
- ❖ **Warrant.**
Look for other Court Orders issued within 60 days of removal.
- ❖ **Shelter Order.**
Look for other Court Orders issued within 60 days of removal. There are usually three court hearings held within the first 60 days; Shelter Hearing, Pre-Trial Hearing and Adjudication Hearing. If 60 days have not elapsed since removal, notify the caseworker and AG.
- ❖ **Other Custody Orders.**
Look for other Court Orders issued within 60 days from removal. There are usually three court hearings held within the first 60 days, a Shelter Hearing, a Pre-Trial Hearing and an Adjudication Hearing. If 60 days have not elapsed since removal, notify the caseworker and AG.
- ❖ **Permanency Orders.**
Check the case file for other orders that may have the necessary language. Contact the caseworker and AG.

Amended Orders are okay, but the judge must sign the within 60 days of removal for initial Reasonable Efforts. For Amended Orders use the judges signature date as the effective date for eligibility.

Initial Custody Tracking

Purpose:

Eligibility workers should be aware of every child ordered into State custody. Each new case should be identified as quickly as possible. Tracking of each case will insure that an initial eligibility determination is completed in a timely manner.



Process:

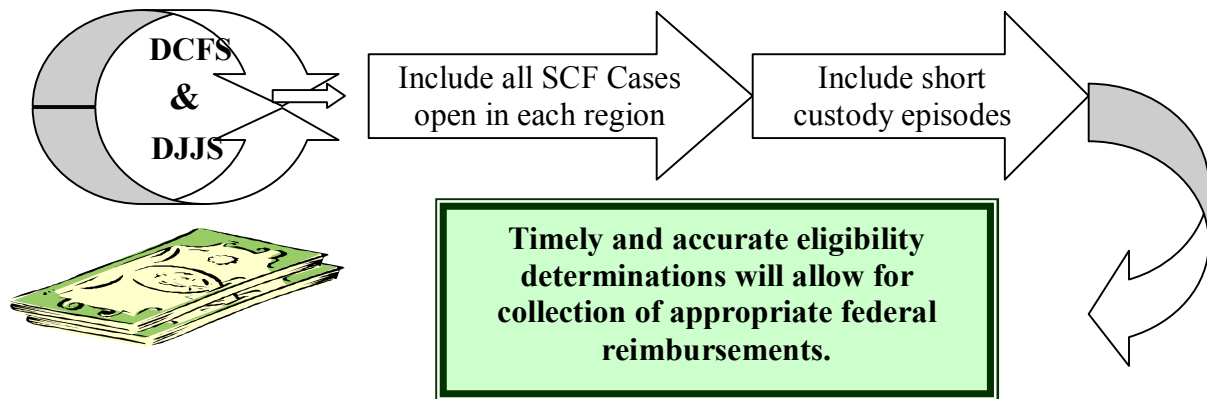
Examples of ways to get information about a child who has been ordered into custody are listed below.

DCFS	JJS
24 hour meeting notices	PSC from case manager
Daily shelter lists	CARE list/DT hearing list
Multi agency reports	Notification from techs
Weekly e-mails to supervisors, nurses, caseworkers and senior assistant caseworkers	Weekly e-mails to case managers
Phone calls	Phone calls
SAFE case lists	Court orders
SAFE activity logs	
Court orders	

Tracking from Custody Start Date to Determination

Purpose:

To develop a process for tracking cases from the time of SCF start date until initial determination has been made and entered into SAFE, CARE and PACMIS.



Methods of Tracking

ACTION	PROGRAM	RESULTS
Secondary Worker assignment <i>*see SAFE section for instructions</i>	SAFE	Eligibility worker will receive notification of ongoing case activity. This includes placement changes and custody termination.
Weekly e-mail <i>*see examples</i>	Groupwise	Supervisors and caseworkers will be notified of a pending case assigned to them on a regular basis.
Pending Case Lists <i>* see examples</i>	Excel, Work, Access, Query 6	Eligibility worker will have a list of current pending cases.
MI-706 extensions		Requests from caseworker or health care team allow eligibility worker to obtain an update on the application status.
New 695 P		Requests from caseworker or health care team allow eligibility worker to obtain an update on the application status.

Pending List

This list is sent by e-mail each week to management, caseworkers and senior assistant caseworker.

EXAMPLE:

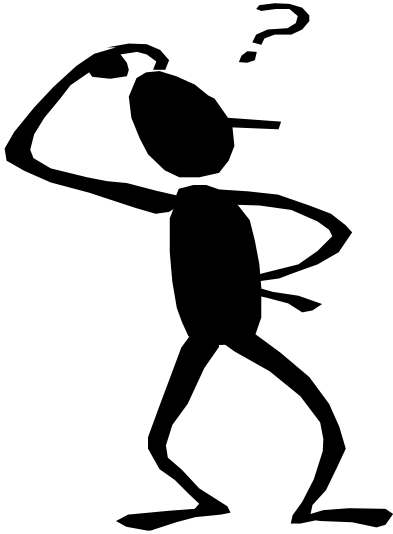
Here is the pending list for the week of January 4, 2005.

Cases in red have been pending for more than 30 days and need to be turned in.

1. Mickey Mouse, Arlene Macanas & Jenette Dazley, Oct 14
2. Minnie Mouse, Arlene Macanas & Jenette Dazley, Oct 14
3. Daisy Duck, Jacque Burks & Jill Johnson, Nov 3
4. Huckleberry Hound, Bill Duncan & Charlene Nelson, Nov 16
5. Yogi Bear, Tom Hess & Donna Crawford, Nov 18
6. Belle Starr, Tom Hess & Donna Crawford, Nov 18
7. Jiminy Cricket, Adrienne Sotoya & Melanie Norris, Nov 22

Please remember while IV-E/Medicaid application is pending these children will need to be covered by an MI706 or 695 P at the request of the caseworker. Also please remember to send a copy of the warrant, shelter hearing court order and petition along with the application. If a custody episode is terminated, the application process still needs to be completed.

Initiate Getting Information



Necessary Information

1. IV-E/Medicaid application, completed and signed by caseworker.
2. All relevant court orders.
 - Warrant and affidavit for warrant.
 - Petition.
 - Shelter order.
 - Review/custody order.
3. Birth/Citizenship verification (if child was not born in Utah).
4. Social Security Number.
5. Parent Income/Asset declaration or other documentation of income and assets of the AFDC group.

Whenever possible, determinations should be completed within 30 days of custody start date.



DCFS Checklist

Checklist of what is needed to turn in an application

CPS

- ☐ **Application is accurately filled out (questions 1-8)**
- ☐ **Warrant**
- ☐ **Petition**
- ☐ **Shelter Order**
- ☐ **Birth Verification**
- ☐ **Social Security Verification**

SCF

- ☐ **Application is accurately filled out (questions 8-on)**
- ☐ **Parent Income/Asset Declaration completed**
- ☐ **Placement History**
- ☐ **Any other needed verifications**

***Checklist can be given to caseworkers and senior assistant caseworkers.*

DJJS Checklist

DJJS CASE INFORMATION CHECKLIST

In order to make accurate and timely Title IV-E and Medicaid determinations, we must have copies or originals of the following documents:

- ❑ **All court orders pertaining to current custody episode** (including petition date)
- ❑ **61FC** (application for FC/IV-E Medicaid)
- ❑ **Parent Income/Asset Declaration Form** (completed and signed by parent/s who lost custody)
- ❑ **Placement history for this custody episode** (including PSC)
- ❑ **Birth Verification** (include place of birth)
- ❑ **Social Security Card** (or number if card not available)
- ❑ **Medical Insurance Cards** (copies of both front and back)

Medical Insurance Provider_____

Policy Holder_____Policy #_____

Dental Insurance Provider_____

Policy Holder_____Policy #_____

Names of all persons covered under insurance:

_____	_____
_____	_____
_____	_____

***Checklist can be given to caseworkers.*

Are "You" Doing All You Can?

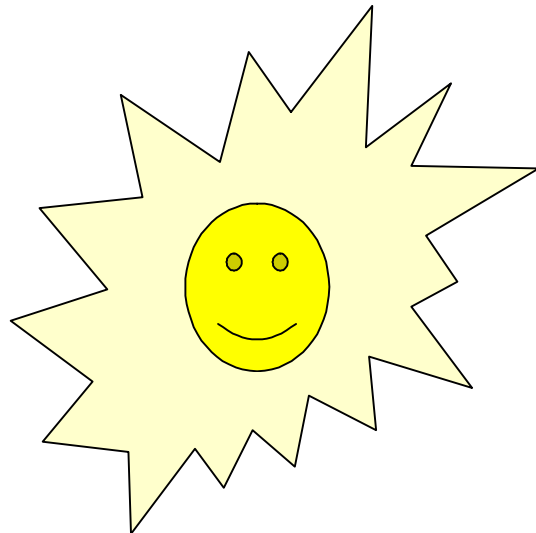
What more can I do?!?!

- ✓ E-mail the caseworker a reminder to include a request that the court make the "RE" finding in their court reports.
- ✓ Track the date the permanency orders are due for all IV-E cases.
- ✓ Review all the court orders for "RE" language.
- ✓ Close the IV-E Eligibility in SAFE if the "RE" language is not received by the end of the 12th month.
- ✓ E-mail AG's to alert them of the need for an order with "RE" language.
- ✓ Enlist the help of others. Let the State office, Supervisors and Administration know how they can help.
- ✓ Make phone calls to workers, AG's and court clerks if necessary.
- ✓ Set alerts in SAFE or PACMIS when orders are due.
- ✓ Remember runaways and foster children placed out of state need permanency orders for IV-E eligibility to continue. Don't forget to review these cases.



Tracking Methods

Excel Spreadsheets
CARE
SAFE Notifications
PACMIS alerts
E-mails



A Caseworker's Guide to the Application

APPLICATION Title IV-E and Medicaid for Foster Child

Eligibility worker will date
stamp here

Application Date: _____

Child in Custody Information

Name of Child (last, first, middle) Enter the Foster Child's last name.	Social Security Number Enter the Foster Child's Social Security Number. <i>Required for Medicaid Eligibility.</i>	Date of Birth Enter the Foster Child's date of birth.	ID# Enter the Foster Child's HLCL SAFE and PACMIS will have this information.
Current Placement Address: (street, city, state, zip) Enter the Foster Child's current placement information. ✓ Foster Parent's Name. ✓ Physical address (where the foster child is living). ✓ Mailing address (if different than physical address).		County Enter the County where the Foster Child is residing.	Telephone # Enter the Foster Parent's phone number.

Caseworker Information

Worker Name Who is the current Foster Care Caseworker? Enter that information here.	Office What office is the Foster Care Caseworker located in? Enter that information here.
Mailing Address (street, city, state, zip) Enter the mailing address information for the Foster Care Caseworker.	Telephone # Enter the Foster Care Caseworker's phone number.

The above information must be provided so the Medicaid cards and notices will be mailed to the correct people and addresses.

1. Custody: The child entered State/Tribal custody by:

Custody will begin with a Court Order, Voluntary Agreement or Parental Relinquishment. Enter the information about the circumstances that brought the Foster Child into State custody.

What date did the AG or caseworker first sign the petition for custody? For JJS, what is the most recent petition date on the rap sheet?
Enter that date.

___ Court Order/Warrant. **Petition date:**

(Attach copy of petition, warrant, and all court orders relevant to current custody episode.)

___ Voluntary Placement Agreement (DCFS01 available in SAFE, not a Parental Consent for Removal)

Date agreement signed

(Attach copy of agreement and all court orders relevant to voluntary placement.)

Enter the date agreement was signed by the parent or guardian **and** a representative of the agency.

___ Up-Front Voluntary Relinquishment. **Date relinquished**

(Attach copy of all court orders subsequent to child entering care by voluntary relinquishment.)

Enter the date the parent relinquished custody of the Foster Child in a court of law.

Where was the Foster Child born?
Is the Foster Child's parent a U.S. citizen?

2. Citizenship: Is the child a U.S. citizen?

___ Yes *(Attach copy of birth verification if born outside of Utah.)*

___ No If no, has child been permanently admitted to the U.S.?

___ Yes Date of entry into U.S.

(Attach copy of immigration card or citizenship declaration.)

___ No

The eligibility worker must have the number from the immigration card to verify the child's qualified alien status.

3. Student: Is the child a full-time student?

Will the Foster Child be attending school while in custody? If yes, where? If not, why?

____ Yes Name of School _____ District: _____

____ No Explain _____

4. Ethnic Background: What is the child's ethnic background? (Check One)

____ American Indian

____ Asian/Pacific Islander

____ Black/Non Hispanic

____ Hispanic

____ White/Non Hispanic

____ Other _____

Which ethnicity is most appropriate?

5. Removal Home: Who lost custody of the child by court order or who voluntarily placed the child into care (i.e., who was responsible for the child's ongoing care upon entry into foster care)?

This is the removal home for eligibility purposes.

Did the parent lose custody?
Did another caretaker relative lose custody?
Who is the person that lost custody of the Foster Child?
How are they related to the Foster Child?
When did the Foster Child last live with the person losing custody?

Name(s) _____ Phone #: _____

Relationship to Child _____

Last Date Child Lived With _____

The person losing custody is not always the person that the Foster Child was living with at the time of custody was given to the State.
Accurate information about who lost custody is vital to the IV-E Eligibility determination process.

6. Removal Home Household Members: List household members in the removal home.

*If removal home in #5 above was the home of **parents**, include the foster child, parents (including stepparent), and the child's siblings under age 18. If removal home was the home of a **relative other than parents**, include only the foster child and the child's siblings under age 18 living in the home. If removal home was the home of a **non-relative**, include the foster child only.*

If the person losing custody is a parent, complete this section as shown below.

Name	Relationship to Child	Date of Birth	Social Security Number
(Foster Child) Name of Foster Child	Self		
Mother or Father or Both (which parent(s) were living in the same home with the Foster Child prior to custody)	Mother or Father or Both		Social Security Numbers for parents are important in order to obtain accurate income verification.
Stepparent (if applicable)	Stepfather or Stepmother		Social Security Numbers for stepparents are important in order to obtain accurate income verification.
Siblings (list all)	Sibling, Half-sibling, Step-Sibling, Adoptive Sibling	Birthdates are important to help determine the age of the sibling.	

List additional household members in the Notes section at the end of the application.

If the person losing custody is a caretaker relative, other than the parent, or a non-relative; complete this section as shown below.

Name	Relationship to Child	Date of Birth	Social Security Number
(Foster Child)			
Name of Foster Child	Self		
Any Sibling living in the same home as the Foster Child at the time the process to remove the child from the home began.	Sibling, Half-sibling, Adoptive Sibling.	Birthdates are important to help determine the age of the sibling.	

List additional household members in the Notes section at the end of the application.

7. Stepparent's Children: If a stepparent is a member of the removal household, indicate the number of the stepparent's children who are under age 18 and not siblings of the foster child:

How many children does the Stepparent have who are not related by blood to the Foster Child?
Where do those children live?
Does the Stepparent pay child support?

____ Number stepparent children living in the removal home **plus** number of stepparent children living outside of the removal home for whom **no** child support is being paid.
____ Number stepparent children living outside of the removal home for whom child support is being paid.
Amount of child support paid monthly How much?

8. Deprivation: At the time of the petition, was one (or both) of the child's parents/stepparents:

Has one of the Foster Child's parents died?

A. Deceased?

____ Yes Parent Name

Deceased parent's name.

____ No

Is surviving parent remarried?

Is there a stepparent? Yes or No.

B. Continually absent from the **removal home** (listed in #5 above)?

Is the removal home a single parent household?
Are the parent's divorced, separated, living apart?
If the Foster Child were removed from a caretaker relative other than the parent,
both parents would be continually absent.

____ Yes Parent Name _____ Which parent is absent? _____

____ No Explain absence _____ Why? _____

____ No If divorced, is custodial parent remarried? _____ Is there a stepparent? Yes or No. _____

C. Disabled?

Is a parent, living in the removal home, unable to provide care
and/or support for the Foster Child because of a temporary or
permanent disability?

____ Yes Parent Name _____ Name of the parent with the disability. _____

____ No Describe disability _____ What is the disability? _____

How can the eligibility worker prove there is a disability? _____

How disability verified: ☐ SSI ☐ Other _____
☐ Observed and documented by caseworker (*attach documentation*)

D. Employed less than 100 hours per month (parent earning most in last 24 months)?

Is the parent earning the most in the past two years, currently
employed part-time (less than 100 hours a month)?

____ Yes Parent Name _____ Parent's name. _____

____ No Explain _____ Reason for parent's part-time employment. _____

_____ No

E. Unemployed (parent earning most in last 24 months)?

Is the parent earning the most in the past two years,
currently not working?

_____ Yes

Parent Name

Parent's name.

Why is the parent currently unemployed?

Explain

Has the parent voluntary quit a job in the past 30 days?

Has the parent refused an offer of employment within the past 30 days?

_____ No

9. Earned Income: List income from working or self-employment for each member of the removal home **including the foster child**. *If none, specify NONE.*

Remember. You only need this information for persons included in the removal home.

Are the parent's working?

Have you called them at a work phone number?

Please include **any** information you have about the parent's employment status.

Enter **NONE** if there is no earned income. **DO NOT ENTER "NA"**.

Full Name	Employer Name and Address	Weekly Hours	Hourly Rate of Pay	Gross Monthly Income

10. Unearned Income: Check type and list unearned income in the spaces below for each member of the removal home **including the foster child**. *If none, specify NONE.*

Remember. You only need this information for persons included in the removal home.

Include any information you have about unearned income.

If a parent is deceased, are there SSA benefits being paid to the family?

If the parents are divorced, is there alimony or child support being paid?

Think about how the family is paying the rent, buying groceries, and other necessities.

Enter **NONE** if there is no unearned income. **DO NOT ENTER "NA"**.

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security (SSA) | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> Property Rental |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Dividends (Stocks/Bonds) | <input type="checkbox"/> Tribal Funds |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Alimony | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Child Support | |

Full Name	Type of Income	How Often Received	Amount

11. Financial Assistance: Is anyone in the removal household receiving financial assistance (FEP) issued through the Department of Workforce Services?

Have you spoken with a DWS worker or employment counselor about the family?

___ Yes

___ No

Name of Recipient

Parent's name.

The FEP payments received by a family are not countable income, but it helps the eligibility worker show how the family is providing for their needs.

12. Additional Assistance: Is anyone in the removal home receiving any non-cash support that the individual worked to earn (such as food, shelter, rent or utility payments, or clothing) from community organizations, churches, friends or relatives? Yes ____ No ____

Did a parent or other member of the removal household, work for someone who paid the rent or utilities, or someone who bought food or clothing?
This information can help the eligibility worker show how the family was providing for their needs.

If yes, list the kind of support, source of support, and value below:

Kind of Support	Source of Support	Monthly Amount/Value

13. Dependent Care Expenses: List costs of day care required due to employment of any household members of the removal home (and not paid to a household member).

Are the parents paying for day care while they are working?
Are they paying someone outside the removal household?
How many children did they pay day care costs for?
How old are these children?

Number of children under age 2		Total monthly cost	\$
Number of children age 2 or over		Total monthly cost	\$

Some day care costs are allowable deductions when determining IV-E Eligibility.

14. Assets/Accounts: Check account type and list information in the spaces below for household members from the removal home, **including the foster child**. *If none, specify NONE.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> IRA/Keogh/401K | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Money Market Certificate |

Remember. You only need this information for persons included in the removal home.

What type of financial resources does the family have?
Enter **NONE** if there are no resources. **DO NOT ENTER "NA"**.

Name of Owner(s)	Joint Acct Yes/No	Financial Institution	Type of Account	Account Number	Account Balance

15. Assets/Motor Vehicles: Check type and list information in the spaces below for vehicles owned by household members from the removal home, **including the foster child**. *If none, specify NONE.*

Remember. You only need this information for persons included in the removal home.

Does the family own a car, truck or other vehicle?

Have you seen the parent's driving a vehicle?

What is the estimated value?

Please provide any information that you may have about the family vehicles.

Enter **NONE** if there are no vehicles. **DO NOT ENTER "NA"**.

- | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Car | <input type="checkbox"/> Boat | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Snowmobile |
| <input type="checkbox"/> Truck/Van | <input type="checkbox"/> Motor Home | <input type="checkbox"/> ATV | <input type="checkbox"/> Other _____ |

Name of Owner(s)	Vehicle Type	Make/Model	Licensed Yes/No	Current Value	Amount Owed

16. Assets/Personal Property: Check type and list information in the spaces below for personal property owned by household members from the removal home, **including the foster child**.
If none, specify NONE.

Remember. You only need this information for persons included in the removal home.

Does the family have any other assets?

What is the estimated value?

Enter **NONE** if there are no other assets. **DO NOT ENTER "NA"**.

- ☐ Home (not living in) ☐ Mineral Rights/Land ☐ Time Share Condo ☐ Other
☐ Whole Life Insurance ☐ Livestock ☐ Funeral Plans (not plots)

Name of Owner(s)	Type of Property	Market Value	Amount Owed	Equity/Cash Value

17. Placement History: List information in spaces below regarding all placements for the foster child since entering this episode of custody.

This custody episode only.

It is important to know when a placement is in a kinship home.

Placement and Removal Dates (if applicable)	Placement Type (foster, group, residential, etc.)	Is this a kinship placement Yes/No How related?	Provider Name	Provider Address	*Fully Licensed Yes/No

**Not conditional or pending*

18. Health Insurance: Is the child covered by any health insurance through the child's parents or stepparents?

Is the Foster Child covered by health insurance through the employment of one or both of the parents?
Please provide as much detail as possible about this health insurance.

☐ Yes If yes, please provide the following:

Insurance Company Name: _____

Insurance Company Phone: _____

Name of Policy Holder: _____

Policy #: _____ Effective Start Date: _____

☐ No

19. Accident: Has the child been injured in an accident or assault for which the child is or will be receiving medical treatment?

Answer yes or no. If yes, provide as much detail as possible.

☐ Yes If yes, please provide the following:

Name of Injured Child: _____

Name of Liable Party: _____

Name and Phone # of Attorney: _____

Brief Description of Injury: _____

☐ No

20. Other Responsible Party: Is any other person providing medical insurance for the child?

Answer yes or no. If yes, provide as much detail as possible.

____ Yes If yes, please provide the following:

Insurance Company Name: _____

Insurance Company Phone: _____

Name of Policy Holder: _____

Policy #: _____ Effective Start Date: _____

____ No

21. Major Medical Need: Does the child have both a major medical need and either (1) Insurance available that the parents have not purchased, or (2) Insurance that has terminated within the past 60 days?

Answer yes or no. If yes, provide as much detail as possible.

____ Yes If yes, please provide the following:

Insurance Company Name: _____

Insurance Company Phone: _____

Name of Policy Holder: _____

Policy #: _____ Effective Start Date: _____

____ No

Notes

I certify that the child, on whose behalf I am applying, is a U.S. citizen or alien in lawful immigration status (unless specified otherwise on the application). Reasonable efforts have been made to obtain accurate information for this application, and to the best of my knowledge the information is correct.

The application must be signed by the caseworker.

Signature of Caseworker

Date

Completing the Caseworker Review Form.

A Foster Care IV-E/Medicaid Review must be completed each year as long as the Foster Child remains in State custody. The reviews must be completed and returned to the eligibility worker in a timely manner for the IV-E/Medicaid Benefits to continue without interruption.

Part A

Foster Child's name, placement, caseworker and caseworker address will pre-print with the current PACMIS information. Please note any changes.

Part B

1. **Student-** Foster child must be under age 18, or 18 and will graduate from high school or technical school before age 19 for IV-E eligibility to continue. A Foster Child's Medicaid eligibility can continue until age 19 regardless of student status, if all the other requirements for Foster Care Medicaid eligibility are met.
2. **Deprivation-** Who lost custody of the Foster Child? Answer the deprivation questions as they apply the removal home. If parental rights have been terminated, include a copy of the TPR order with the review form.
3. **Assets/Accounts-** Foster Child only. Current PACMIS information will be pre-printed. Answer, "yes" if the information that is pre-printed is correct. Answer "no" and enter the correct information if there is a discrepancy.
4. **Assets/Motor Vehicles-** Foster Child only. Current PACMIS information will be pre-printed. Answer, "yes" if the information that is pre-printed is correct. Answer "no" and enter the correct information if there is a discrepancy.
5. **Assets/Personal Property-** Foster Child only. Current PACMIS information will be pre-printed. Answer, "yes" if the information that is pre-printed is correct. Answer "no" and enter the correct information if there is a discrepancy.
6. **Earned Income-** Foster Child only. Current PACMIS information will be pre-printed. Answer, "yes" if the information that is pre-printed is correct. Answer "no" and enter the correct information if there is a discrepancy.
7. **Unearned Income-** Foster Child only. Current PACMIS information will be pre-printed. Answer, "yes" if the information that is pre-printed is correct. Answer "no" and enter the correct information if there is a discrepancy.
8. **Placement History-** Complete for prior 12 months or attach a copy of SAFE placement history.
9. **Third Party Liability-** Information about other medical insurance the Foster Child may be eligible for.

*****Signature of Caseworker- Make sure you sign the review form*****

Tips To Avoid Duplicating Clients When Registering Or Adding Clients To Cases

When you INQUIRE ON A PERSON, you are searching the High Level Client Index (HLCI) to see if they already exist on either PACMIS, ORSIS, or USSDS. The amount of information you provide determines whether PACMIS conducts a broad or narrow search.

You begin the client inquiry from CLIR, CLIM, or CLIN. (CLIN only allows you to inquire. You can't create and add a new person.)

The broadest search is completed by entering only part of the client's surname. At least two characters must be entered. Enter "Y" after 'IF PARTIAL, ENTER "Y"'. When a search is done using a partial surname, PACMIS will display any names which begin with the letters entered. This type of search is helpful when inquiring on clients who have last names that could be spelled two different ways (Larson or Larsen). If you do a partial surname search on 'LARS' you will pull up both Larsen and Larson. It is important to check both spellings of a name when it can be spelled a couple of different ways. (Nelson, Nielson, Nelsen, Nielsen, or even Neilsen, etc.). A lot of duplicates are created when clients have these types of names.

A more narrow search can be completed if you enter the full surname. If this is done, PACMIS searches only the surname entered.

Both the partial and full surname search can be further narrowed if you enter a given name or first initial. Enter the full first name or a one letter initial to search for a specific client. If you enter more than one letter (such as 'SA' as a partial first name for 'SALLY'), PACMIS will treat the initials like a name and may tell you that there is no client with that name. The best search in these cases would be either a partial or full surname, with the first initial. For example...If your client's name is Jon Walker, and you searched for JOHN WALKER, you would miss him on the HLCI. But, if you search for 'J Walker' you would get both spellings of JOHN and JON, and after checking Date of Birth and Social Security Number, you could choose the right client and not create a duplicate.

DO NOT INCLUDE MIDDLE INITIAL IN YOUR SEARCH!!!!!!!!!! Using the middle initial to search the HL CI with extremely narrows your search. It will only find a match if that person exists on the HL CI with their middle initial. For example...You are searching for John Doe. His middle initial is 'Q'. If you search for a John Q Doe, and, this person exists on the HL CI as 'John Doe', you will not match because PACMIS was also looking for the middle initial of 'Q'. But, should you determine that you DO need to create a new person, then you should include the middle initial. Middle initials are another piece of identifying information. Later on, should this client reapply, having this person on the HL CI with a middle initial will help ensure that you pick the right one. So, use middle initials when adding new clients to the HL CI, but, do not use middle initials when searching the HL CI.

IN ADDITION TO DOING A NAME SEARCH, YOU SHOULD ALSO SEARCH BY SOCIAL SECURITY NUMBER!! When you search by SSN, PACMIS only looks for that number. If you couldn't find a client by doing a name search, searching by SSN may find the client you were looking for. They may be known to the HL CI by a maiden name, a hyphenated name, or one of those names that can be spelled several different ways..(Nelson, Nelsen, Nielsen, Nielson, Neilsen, - McDonald, Mc Donald, Mac Donald, MacDonald, etc.).

If you search only by SSN, you may still have a duplicate client. It is very common for a SSN to be entered with transposed numbers. Please inquire by name, and SSN when registering applications and / or adding new clients to a case.

Do not include a client's birth date or age when searching. It is very common to have an incorrect birth date on the system. For example, they previously had a child care case and are on the HL CI through USSDS. They told their worker they were born in 1940. But, now they are applying for financial assistance. You have a birth certificate which shows they were really born in 1941. If you used the birth date, you would not find the client as the birth date is wrong on the HL CI.

When adding a new client to the HL CI, use these standards that have been established long ago. These will also help with client inquiry.

1. **Do not** use titles such as Dr. Mr. Ms. Rev., etc.
2. Spaces are **not** used in last names. For example, names like Mc Donald, Dela Cruz, St. James, Le Fevre, should be entered as MCDONALD, DELACRUZ, STJAMES, LEFEVRE.
3. **Do not** use periods or apostrophes. Names like ST. JAMES or O'REILEY should be entered as STJAMES and OREILEY.
4. Hyphenated last names are acceptable. But, be very cautious when inquiring on someone with a hyphenated last names such as SMITH-JONES (don't use spaces on either side of the '-'). If you are unable to find someone you are looking for, you may want to inquire under both SMITH and JONES as well as SMITH-JONES or even SMITH - JONES.
5. Modifiers such as JR, SR or III, etc. are entered as part of the first name. For example, 'JOHN SMITH, JR.' is entered as SMITH as the last name, and JOHN JR as the first name.
6. For clients with initials beginning their names, enter the initial as the first character of the first name, then a space, and then the full middle name. For example, J. EDGAR HOOVER will have the last name as HOOVER, and the first name of 'J EDGAR'. Do not put anything in middle initial.
7. If the client uses a nickname (such as BOB or BILL) use their legal names of ROBERT or WILLIAM when adding a client. (If you are searching for a person who has a first name that could also have a nickname, you may want to search for all possibilities....BOB OR ROBERT, BILL OR WILLIAM.
8. If you find one member of a household, such as the mom, more times than not, the children are also known to the HL CI. We get a lot of calls at the Help Desk where people found one member of the family, saved that person, but for whatever reason, couldn't find others. They then add a

new client. Only when they attempt to enter the Social Security Number do they find that this person really did exist. If you find a client that already exists and are having a hard time finding others that should be in the household, pull up a CAP2 for the case number that the client you did find was on. The other household members may be listed on the CAP2. You could then use the client ID # to pull the correct people and not create any duplicates.

9. Sometimes, when you inquire on a person and you then pull up a CLPR screen, it will say across the top, 'NOT KNOWN TO PACMIS'. We have had instances where a worker will then create a new person rather than use this client. 'NOT KNOWN TO PACMIS' simply means that this person does not have any PACMIS participation. But, does have participation on either ORSIS or USSDS. You would use this client and not create a new one.

Finally, if you know a client has to be on the HLCL, and just can't find it, please call the PACMIS Help Desk at 538-4357. We will assist you in locating this client so that a duplicate is not created.

If you do happen to create a duplicate, please call the Help Desk immediately. Duplicate clients are a lot easier to resolve if benefits have not been issued.



SSA

When a person who has worked and paid Social Security taxes, dies, retires or becomes disabled, certain members of the family may be eligible for SSA benefits. A person must have up to ten years of work history to be eligible for benefits, depending on the person's age at the time of death or disability.

- ☀ Unmarried children under age 18, or up to age 19 if they are attending high school full time. Under certain circumstances, benefits can be paid to stepchildren, grandchildren, or adopted children.
- ☀ Children at any age who were disabled before age 22 and remain disabled.
- ☀ Widow or widower at any age if he or she takes care of the deceased's child who is under age 16 or disabled, and receiving Social Security benefits.
- ☀ Dependent parents age 62 or older.
- ☀ A widow or widower.

SSA benefits help to provide income for families of workers who retire, die or are disabled.

SSA pays more benefits to children than any other federal program.

You should apply for Survivors benefits promptly because, in some cases, benefits will be paid from the time you apply and not from the time the worker dies.

SSA benefit amounts depend on the average lifetime earnings of the worker.



SSI

● **What is SSI?**

- ✓ SSI stands for **Supplemental Security Income**. The Social Security Administration administers this program. They pay monthly benefits to people with limited income and resources that are disabled, blind or age 65 or older. Blind or disabled children, as well as adults, can get SSI benefits.

● **Who is a “Child” for SSI?**

- ✓ A person who is neither married nor head of a household.
- ✓ Is under age 18.
- ✓ Is under age 22 and is a student regularly attending school.

● **How does the SSI Disability Program work for a child?**

- ✓ To be eligible for SSI benefits, a child must be either blind or disabled.
 - ✗ A child may be eligible for SSI benefits based on disability from the date of birth; there is no minimum age requirement.
 - ✗ A child may be eligible for SSI benefits based on disability until attainment of age 18
 - ✗ At age 18, the person’s impairment or unimpairment is based on the definition of disability for adults.
 - ✗ At any age, a person with a visual impairment may be eligible for SSI benefits based on blindness if the impairment meets the definition of blindness.

● **What are the criteria for a “Disabled” or “Blind” child?**

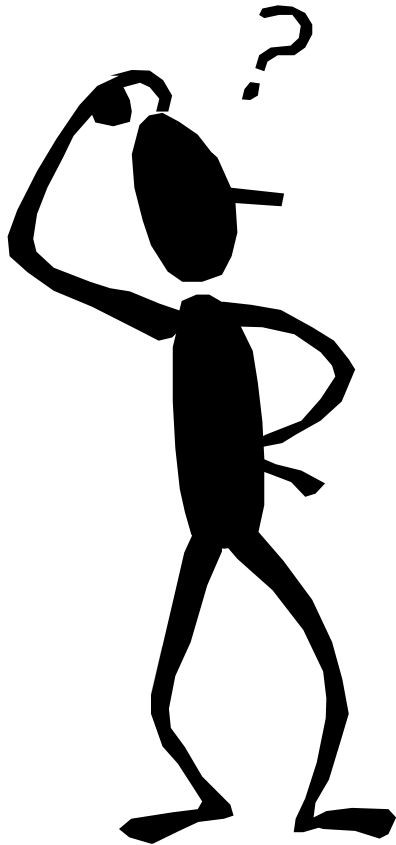
- ✓ If under age 18, whether or not married or head of household, the child has a physical or mental condition or conditions that can be medically proven and which result in marked and severe functional limitations; **and**
- ✓ The condition must have lasted or be expected to last at least 12 months or end in death; **or**
- ✓ If the child is blind, the same definition of blind applies as for adults.

● **How is SSI different from other Social Security Benefits?**

- ✓ Unlike Social Security benefits, SSI benefits are not based on a prior work history.
- ✓ SSI is financed by general funds of the U.S. Treasury. Social Security taxes withheld under FICA do not fund the SSI program.
- ✓ In most States, SSI beneficiaries can also get Medicaid.
- ✓ SSI benefits are paid on the first of the month for the entire month.
- ✓ To get SSI benefits, you must be disabled, blind or at least 65 years old and have “limited” income and resources.
- ✓ To get SSI benefits, you must:
 - Be a resident of the U.S,
 - Not be absent from the country for more than 30 days, and
 - Be either a U.S. citizen or in one of certain categories of eligible non-citizens.

● **How is SSI like Social Security?**




- ✓ Both programs pay monthly benefits.
- ✓ The medical standards for disability are the same in both programs for individuals age 18 or older. There is a separate definition of disability for SSI children under age 18.
- ✓ The Social Security Administration administers both programs.







What is a Representative Payee?

A representative payee is a person, agency, organization, or institution that the Social Security Administration selects to manage Federal Funds when they determine that a client is unable to do so.

Who must have a Representative Payee?

-  Most Children under age 18.
-  Legally incompetent adults.
-  Anyone the Social Security Administration determines to be incapable of managing or directing the management of his or her funds.

Who May be a Representative Payee?

-  Someone who is concerned with your welfare, usually a parent, spouse, close relative, guardian or friend.
-  An institution or health care provider.
-  A public or nonprofit agency or financial organization.
-  Providers or administrative officers at homeless shelters.

What Does a Representative Payee Do?

The most important duty of a representative payee is to know the needs of the beneficiary and to use the benefits in the best interest of the beneficiary.

DCFS Practice Guidelines for Representative Payee's are located at
<http://www.hspolicy.utah.gov/dcfcs/> Section 303.16

Social Security Administration Offices

St. George, Utah

923 South River Road
St. George, Ut. 84790

(800) 772-1213
Monday-Friday: 9 a.m. to 4 p.m.

Salt Lake City, Utah

202 W 400 S
Salt Lake City, Ut. 84101

(800) 772-1213
(801) 524-4115
Monday-Friday: 9 a.m. to 4 p.m.

Ogden, Utah

324 25th Street
RM 2403, 2nd Floor
Ogden, Ut. 84401

(800) 772-1213
(801) 625-5641
Monday-Friday: 9 a.m. to 4 p.m.

Provo, Utah

485 N Freedom Blvd
Provo, Ut. 84601

(800) 772-1213
(801) 377-5651
Monday-Friday: 9 a.m. to 4 p.m.

Murray, Utah

348 E Winchester St
Murray, Ut. 84107

(800) 772-1213
(801) 268-1060
Monday-Friday 9 a.m. to 4 p.m.



What is CHIP?

The Balanced Budget Act of 1997 created the **C**hildren's **H**ealth Insurance **P**rogram under Title XXI of the Social Security Act. This title enabled States to initiate and expand health insurance coverage for uninsured, low-income children ages 0-19. States were given the option to provide coverage through the Medicaid program, through a separate child health insurance program or through a combination of the Medicaid program and a separate child health insurance program. Utah chose to provide coverage through a separate program, the Children's Health Insurance Plan (CHIP).

CHIP is a partnership between the State and the Federal government. The state receives about five dollars of federal money for every one dollar of State money put into the program. The State's funds are made available through a hospital assessment agreed to by Utah's hospitals and the Legislature.

The Utah CHIP program is run like private insurance. It is not an entitlement program, which means it would probably be discontinued if the federal funds stopped, or if State funds are exhausted.

Applications for CHIP are accepted during open enrollment periods and processed by the Department of Health, Bureau of Eligibility Services employees. Three private health care networks, United Kids Care, American Family Care, and Public Employees Health Plan, have contracted with CHIP to provide the health care services.

Applications for CHIP can be found online at: <http://health.utah.gov/eol/forms/forms.html>

CHIP Contact List

- Toll Free hotline 1-866-772-1261
- Website- <http://health.utah.gov.chip>
- Gaylene Henderson- 801-538-6135

What to do if a child has CHIP when coming into state custody

- A copy of the CHIP insurance card should be obtained.
- The policy number for CHIP insurance is the Social Security Number of the youngest child covered by the plan.
- Co-pays can be made with special needs monies.
- Do not issue an MI-706. An MI-706 cannot override CHIP eligibility.
- Do not issue a 695 P.

Time Table for Changes to Title IV-E Eligibility Manual

IV-E Eligibility Manual Date	Eligibility Component	Eligibility Criteria
Feb. 1999	Initial Eligibility	<p>Court Orders</p> <ul style="list-style-type: none"> • Contrary to welfare/best interest language within 6 months of removal. • Nunc pro tunc orders allowed. <p>Voluntary Placement Agreement/Upfront TPR</p> <ul style="list-style-type: none"> • 45 day agreements/90 days maximum; court order with best interest language required by 91st day. • Upfront termination of parental rights requires court order with best interest language by 6 mos. <p>AFDC Criteria (from July 1996 AFDC plan)</p> <ul style="list-style-type: none"> • Age under 18 or between 18-19, full time student and on track to graduate. • U.S. citizen or qualified alien. • Income – 100% and 185% tests for AFDC group. • Assets – \$1000 for AFDC group. • Deprivation – Absence from home, incapacity, unemployment with connection to workforce, or underemployment less than 100 hours per month. • Lived with any specified relative within 6 months of removal. <p>Physical Removal – Removal from relative required.</p>
Feb. 1999	Initial Reimbursability	<p>Court Orders</p> <ul style="list-style-type: none"> • Reasonable efforts to prevent removal language; no limit on timeframe (but can't be reimbursable until met). • Placement must be qualified and licensed. • SSI not reimbursable.
Feb. 1999	Ongoing Eligibility	<p>Court Orders</p> <ul style="list-style-type: none"> • No court order requirements. <p>Trial Home Placement</p> <ul style="list-style-type: none"> • Eligibility continues for up to 6 months; if returned to placement within 6 months or less/no new eligibility application. <p>Runaway</p> <ul style="list-style-type: none"> • Eligibility continues for up to 6 months.
Feb. 1999	Ongoing Reimbursability	<p>AFDC Criteria (where differs from initial eligibility)</p> <ul style="list-style-type: none"> • Income – For child only, need standard \$1452. • Assets – For child only, \$1000.

IV-E Eligibility Manual Date	Eligibility Component	Eligibility Criteria
Feb. 2002 <i>Changes from Feb '99</i>	Initial Eligibility	<p>Court Orders</p> <ul style="list-style-type: none"> • Contrary to welfare/best interest language required in INITIAL order. • Reasonable efforts to prevent removal language required within 60 days of removal. • Nunc pro tunc orders NOT allowed; only alternative to court order language is transcript. <p>AFDC Criteria (from July 1996 AFDC plan)</p> <ul style="list-style-type: none"> • Assets – \$10,000 for AFDC group. • Lived with specified relative who is legally responsible for child within 6 months of removal. <p>Removal</p> <ul style="list-style-type: none"> • Can be either physical removal or constructive removal from relative who lost custody.
Feb. 2002 <i>Changes from Feb '99</i>	Eligibility Placement Criteria	<p><i>This section was added to the manual as part of the initial eligibility determination (but does not affect child's ability to come "in and out" of IV-E eligibility as circumstances change)</i></p> <ul style="list-style-type: none"> • Qualified placement – Residential, group facility, or foster family home. • Licensed placement – Residential, group facility, or non-relative foster family home must be fully licensed (no conditional license or gap in licensure). • Relative pending foster family licensure is acceptable for eligibility. • State must have care and placement responsibility (no court-ordered specific placements).
Feb. 2002 <i>Changes from Feb '99</i>	Initial Reimbursability	Relative pending foster family licensure is not reimbursable

IV-E Eligibility Manual Date	Eligibility Component	Eligibility Criteria
Feb. 2002 <i>Changes from Feb '99</i>	Ongoing Eligibility	<p>Court Orders</p> <ul style="list-style-type: none"> Reasonable efforts to finalize permanency plan within 12 months of removal and every 12 months thereafter. <p>AFDC Criteria (<i>all factors connected to eligibility, not just to reimbursability – correction to manual</i>)</p> <ul style="list-style-type: none"> Income – For child only, need standard \$1613. Assets – For child only, \$10,000. Deprivation – Absence from home, incapacity, unemployment with connection to workforce, or underemployment less than 100 hours per month. <p>Trial Home Placement</p> <ul style="list-style-type: none"> Eligibility is discontinued for trial home placement; if returns to placement within 6 months (unless court ordered longer)/no new eligibility application required. <p>Runaway</p> <ul style="list-style-type: none"> Eligibility is discontinued; if returns to placement within 6 months, no new eligibility application required.
Feb. 2002 <i>Changes from Feb '99</i>	Ongoing Reimbursability	Same as initial reimbursability (<i>kin pending licensure and SSI not reimbursable</i>).
Nov. 2002 <i>Changes from Feb '02</i>	Initial Eligibility/Eligibility Placement Criteria	<p>Eligibility Placement Criteria</p> <ul style="list-style-type: none"> Licensed placement – Residential or group facility must be fully licensed (no conditional license or gap in licensure). Licensure of non-relative foster family home or relative foster family is not considered for eligibility (only).
Nov. 2002 <i>Changes from Feb '02</i>	Initial Reimbursability	Non-relative foster family homes or relative foster family homes must be fully licensed to be reimbursable.
Nov. 2002 <i>Changes from Feb '02</i>	Ongoing Eligibility	<p>AFDC Criteria</p> <ul style="list-style-type: none"> Income – For child only, need standard \$1677
Nov. 2002 <i>Changes from Feb '02</i>	Ongoing Reimbursability	Same as for Initial Reimbursability

IV-E Eligibility Manual Date	Eligibility Component	Eligibility Criteria
Jan. 2004 <i>Changes from Nov '02</i>	Initial Eligibility	Voluntary Placement Agreement/Upfront TPR <ul style="list-style-type: none"> • 180 days maximum; court order with best interest language required by 181st day. • Upfront termination of parental rights requires court order with best interest language by 6 mos.
Jan. 2004 <i>Changes from Nov '02</i>	Initial Reimbursability	Runaway <ul style="list-style-type: none"> • Not reimbursable.
Jan. 2004 <i>Changes from Nov '02</i>	Ongoing Eligibility	Runaway <ul style="list-style-type: none"> • Eligibility continues; if returns to placement within 6 months, no new eligibility application required.
Jan. 2004 <i>Changes from Nov '02</i>	Ongoing Reimbursability	Runaway <ul style="list-style-type: none"> • Not reimbursable.
Feb 2006 <i>Changes from Jan '04</i>	Initial Eligibility	AFDC Criteria <ul style="list-style-type: none"> • Deprivation - continued absence of the parent from the home, incapacitation, unemployment and underemployment of the primary wage earner, if the primary wage earner is unemployed or employed less than 100 hours a month and has not refused work in the last 30 days.
*Changes for Feb 2006 listed below have an effective date of Oct 1, 2005.		
Feb 2006 <i>Changes from Jan '04</i>	Initial Eligibility/Eligibility Placement Criteria	Qualified Placement <ul style="list-style-type: none"> • Licensed foster family home (non kin). • Licensed group home/residential facility. • Kin foster home, pending licensure. • No denial for runaway.
Feb 2006 <i>Changes from Jan '04</i>	Initial Reimbursability	Placement with kin in the process of becoming fully licensed as foster family home.
Feb 2006 <i>Changes from Jan '04</i>	Ongoing Eligibility	Same as for Initial Eligibility
Feb 2006 <i>Changes from Jan '04</i>	Ongoing Eligibility/Eligibility Placement Criteria	Same as for Initial Eligibility/Eligibility Placement Criteria
Feb 2006 <i>Changes from Jan '04</i>	Ongoing Reimbursability	Same as for Initial Reimbursability.

IV-E Eligibility Manual Date	Eligibility Component	Eligibility Criteria
Nov 2006 <i>Changes from Feb '06</i>	Initial Reimbursability	Qualified Placement Time frame for full licensure of kin in the process of becoming full licensed as foster family home is five months.
Nov 2006 <i>Changes from Feb '06</i>	Ongoing Reimbursability	Same as for Initial Reimbursability
Nov 2006 <i>Changes from Feb '06</i>	Ongoing Eligibility	AFDC criteria <ul style="list-style-type: none"> Income – For child only, need standard \$1489
April 2007 <i>Changes from Nov 2006</i>	Initial Eligibility	Qualified Placement Placements licensed on or after April 1, 2007: Must pass Fingerprint bases FBI national criminal history records check for each foster parent and each adult living in the home. If the foster parent or any adult living in the home resided outside of Utah in the 5 years prior to the date of application as a foster parent, a child abuse and neglect registry check must be completed for these persons for each state they resided in.
April 2007 <i>Changes from Nov 2006</i>	Ongoing Eligibility	Qualified Placement Placements licensed on or after April 1, 2007: Must pass Fingerprint bases FBI national criminal history records check for each foster parent and each adult living in the home. If the foster parent or any adult living in the home resided outside of Utah in the 5 years prior to the date of application as a foster parent, a child abuse and neglect registry check must be completed for these persons for each state they resided in.
March 2008 <i>Changes from April 2007</i>	Initial Eligibility	Deprivation Initially, deprivation must be determined for the eligibility month, whether or not the foster child lived in the removal home during that month. Deprivation must be met for the eligibility month, but prior to the child's removal from the home. Deprivation may not be established based on household circumstances that occur after a child's removal. Deprivation must be present while the child is living in the home.

Eligibility File Set-up

Left Side	Right Side
CAAL Narration. Chronological order.	CAP2.
Placement Information (no tab). SAFE, USSDS or JIS placement history, placement contract, licensing information.	Determination (orange tab). Initial determination form. Income Asset Comp form. Verifications supporting determination (EW preference).
Court Orders (green tab). Warrants, petition, shelter order, rap sheet, permanency orders.	Review (blue tab). Caseworker review form for each 12 month period. Eligibility worker review form for each 12 month period. Filed in chronological order (oldest on bottom). Separate reviews with colored paper. Supporting documentation with each review (EW preference).
SSA/SSI (red tab). Foster Child SSA/SSI information. Rep Payee Account information.	Application (pink tab). 61FC. Parent Income Asset declaration.
	Verifications (yellow tab). Birth Certificate. SSN Verification. Documentation supporting the determination and reviews.



Organizational Tips OR How to Make Things Easier for Reviewers to Find



File court orders chronologically.

Highlight the best interest and reasonable efforts language in the initial order.

Highlight the reasonable efforts language in the permanency orders.

Keep the most recent trust account printout. If the new printout contains the entire account history the old printouts may be shredded when a new one is added.

Keep the most recent placement history printout. If the new printout contains the entire placement history the old printouts may be removed when a new printout is added.

Keep the most recent foster care licensing database printout for a provider. When a license has expired and you print a new verification of licensing for a provider, the old printout may be removed and shredded.

Birth Certificate or verification on the bottom of Verification Section

SSN verification on top of the birth verification.

Colored paper can be used to separate review periods.

Tab the court orders.

Highlight information in activity logs, CAAL notes, petitions or other sources that you are using to support your determination.

Label each file clearly.

File the case files in your cabinet alphabetically.



Safe Eligibility Entry Cheat Sheet

SAFE Person Screen – Eligibility Entry Tab

IV-E Eligibility Entry (non – e-Rep)

- ✗ Enter the result of the Initial IV-E eligibility **"Yes or No"**
- ✗ If yes, enter the result of the Initial IV-E reimbursability **"Yes or No"**

SAVE

- ✗ Enter a detailed description of the determination process in the **"Note Section"**
- SAVE Notes and Exit note box**



SAFE Person Screen – Eligibility Entry Tab

IV-E Court Order Language Radial Button

- ✗ Select Case Episode
- ✗ Select Custody Type
- ✗ If custody type is **"Court Order/Warrant"**, add court hearing dates and hearing types in the **"Court Orders"** section.
- ✗ Select the applicable boxes in the **"IV-E Court Order Wording"** section
- ✗ If applicable, enter **"Court Ordered Placement"** information

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SAFE Person Screen – Eligibility Entry Tab

IV-E Removal Requirement/DSPD Waiver Radial Button

- ✗ Select Case Episode
- ✗ Enter Eligibility Month
- ✗ Enter **"Yes or No"** for Removed from Caretaker Relative
- ✗ If removal was from a caretaker relative, select the appropriate relationship type
- ✗ Enter Last Resided Date
- ✗ Enter Type of Removal
- ✗ If Removal Type is **"Constructive"**, enter the information in the Constructive Removal Requirement (all required) box
- ✗ If applicable, enter DSPD Waiver Services information

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SAFE Person Screen – Rep Payee Tab

General Info Radial Button

- ✗ If the foster child is receiving SSA or SSI or other type of unearned income, enter the information here

SAVE